



PERSONAL TOUCH CLEANING & MAINTENANCE, INC

"Nobody does as much as Personal Touch"
 Phone: 800-660-2092 Fax: 949-727-4088

Application for Employment

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? ____ Yes ____ No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)		
Cell Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____ Yes ____ No			
Title of Position Applying For			Date Available to Work
Have you ever been convicted of any criminal offense other than minor traffic violations? ____ Yes ____ No ; if yes, please explain. A criminal conviction will be considered only in relation to the job for which you are applying. Seriousness and nature of the offense, time, elapsed, and rehabilitation will be take into account. _____			
Have you previously worked for Personal Touch Cleaning? ____ Yes ____ No If Yes, please provide the date of employment _____ Position _____ Supervisor _____			
Are you employed now? ____ Yes ____ No If so, may we contact your present employer? ____ Yes ____ No			

Education			
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

SAN DIEGO
 5595 Magnatron Blvd.
 San Diego, CA 92111

ORANGE COUNTY / LOS ANGELES
 3531 E. Miraloma Avenue, Suite B
 Anaheim, CA 92806

INLAND EMPIRE
 41735 Elm Street, Suite 104
 Murrieta, CA 92562



Employment History Please provide the following information for your last five previous employers, beginning with the most recent: (Please attach an additional page if necessary, do not use “see attached resume”.)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Hourly / Weekly Pay Start: Finish:		
Reason for Leaving:		

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Address:		
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Address:		
Telephone:	Job Duties:	
Hourly / Weekly Pay Start: Finish:		
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Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Hourly / Weekly Pay Start: Finish:		
Reason for Leaving:		

List licenses, foreign languages, computer, data/word processing, office equipment, typing, shorthand, or other skills & training you consider relevant to employment at Personal Touch:

Language ability-List those you could use in your work

English: Speak ____ Read ____ Write ____ Other ____

Language: _____ Speak ____ Read ____ Write ____ Other ____

Language: _____ Speak ____ Read ____ Write ____ Other ____

Professional organizations, Associations, Honors, Certification, Professional Licenses and Publications you consider significant:



References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Please answer all of the following questions:

If hired, are you willing to authorize and submit to a background check? **Yes** ___ **No** ___

Essential function of this job requires that you continuously lift and lower items that may weight up to 40 pounds. To be able to frequently adjust your body position to bend, stoop, stand, walk, turn and pivot. Can you perform these essentials functions with or without accommodations? **Yes** ___ **No** ___

Election of Veteran's Preference
<p>Do you wish to claim a veteran's preference? ___ Yes ___ No</p> <p>If so please check the preference you are claiming.</p> <p>___ Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).</p> <p>___ Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).</p> <p>___ Spouse of deceased veteran.</p> <p>___ Spouse of disabled veteran who is unable to use preference due to disability.</p> <p>Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.</p> <p>Signature _____ Date _____</p>



Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I expressly authorize, without reserve, the employer, its representative, employees or agents to contact and obtain information from all references (personal and professional), employees, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains current for only (30) days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary for the foregoing express language and valid unless they are in writing and signed by the employer’s president.

I also understand that if I am hired, I will be required to provide proof of identify and legal authority to work in the United States and the Federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient because too (i) cancel further consideration of this application, or (ii) immediately discharge me from the employers service, whenever it is discovered.

DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT:

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING “APPLICANT STATEMENT”

Signature of Applicant: _____ Date: _____

Print Name: _____ Position Applying: _____

No person should be denied employment on the basis of race, color, ethnicity, national origin, sex/gender, sexual orientation, religion, creed, disability (including HIV statue, age, veteran status, marital status or ex-offender status.)



Employment Questionnaire (Cuestionario de empleo)

Name: _____

Cell Phone: _____

Date: _____

Home Phone: _____

What city do you live in? En que ciudad vive?	
Are you able to provide your own transportation? Tiene forma de transportación propia?	
Can you lift 25 lbs? Puede levantar 25 lbs?	
Are you able to carry cleaning equipment in your vehicle? Puede cargar equipo de limpieza en su vehículo?	
Are you able to transport trash in your vehicle? Usted puede transportar bolsas de basura en su vehículo?	
Are you willing to drive multiple assigned work sites on a daily basis? Usted esta disponible manejar a varias áreas del trabajo?	
Can you work outdoors? Usted puede trabajar en las áreas exteriores de los condominios?	
Can you work weekends? Puede trabajar los fines de semanas?	
Can you work evenings? Puede trabajar de noche?	
Are you able to complete emergency work orders? Usted puede completar ordenes escritos de emergencia?	
Do you have a current job? Trabajas actualmente?	
Are you looking for Part Time or Full Time? Busca Tiempo Completo o Tiempo Parcial?	
Are there any days or times you are not available to work? Tiene usted compromisos personales que previene que no pueda trabajar?	
Are you authorized to work in USA? Esta autorizado para trabajar en los Estados Unidos?	
Who referred you to Personal Touch Cleaning? Quien lo refirió a Personal Touch Cleaning?	

Applicant Signature

Witness Signature



**DISCLOSURE AND AUTHORIZATION
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION**

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Personal Touch Cleaning and Maintenance Inc.] may obtain information about you from a consumer reporting agency (CRA) for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employers Choice Online, 8138 2nd Street, Downey, CA 90241 (800) 424-7011, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **Personal Touch Cleaning and Maintenance Inc.** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by **[Personal Touch Cleaning and Maintenance Inc.]** by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Employers Choice Online, 8138 2nd Street, Downey, CA 90241 (800) 424-7011**, another outside organization acting on behalf of **[Personal Touch Cleaning and Maintenance Inc.]**, and/or **[Personal Touch Cleaning and Maintenance Inc.]** itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Last Name: _____ First: _____ Middle Name: _____

Alias Names: _____

* Social Security #: — — * Date of Birth: — — 19 **(YEAR OF BIRTH IS VOLUNTARY)**

Drivers' License #: _____ State: _____ # of Drivers License: _____

Current Address: _____ Home Phone #: _____ Cellular Phone #: _____

City: _____ State: _____ Zip code: _____

Signature: _____ Date: _____

*PROVIDING YEAR OF BIRTH IS STRICTLY VOLUNTARY. THIS INFORMATION WILL ALLOW ECO TO PROPERLY IDENTIFY YOU IN THE EVENT WE FIND ADVERSE INFORMATION DURING THE COURSE OF A BACKGROUND INVESTIGATION. YOUR INFORMATION WILL NOT BE USED AS HIRING CRITERIA.

COMPANY CONFIDENTIAL