



APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL INFORMATION

FIRST NAME MIDDLE LAST SOCIAL SECURITY NUMBER

PRESENT ADDRESS IN FULL CITY STATE ZIP TELEPHONE

PERMANENT ADDRESS (IF DIFFERENT) CITY STATE ZIP TELEPHONE

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YOUR VISA TYPE IF AVAILABLE VISA # AND EXPIRATION DATE

DO YOU HAVE A VALID DRIVERS LICENSE? Yes No

LICENSE NUMBER: STATE: EXPIRATION DATE:

HAVE YOU EVER BEEN CONVICTED OF OR SENTENCED FOR ANY VIOLATION OF THE LAW? IF YES, GIVE FULL PARTICULARS. (THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

DAYS AND HOURS AVAILABLE

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS? Yes No

HOW SOON FOLLOWING NOTIFICATION CAN YOU REPORT?

EDUCATION:

LAST HIGH SCHOOL ATTENDED/ DATES FROM TO GRADUATED? Yes No

COLLEGE OR UNIVERSITY/ DATES FROM TO GRADUATED? Yes No DEGREE RECEIVED

LAUNGAGES OTHER THAN ENGLISH CAN YOU CONVERSE?

Fluent? Yes No

EMPLOYMENT HISTORY

IMPORTANT! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE(S) IF NECESSARY.

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME & TITLE OF SUPERVISOR

TITLE OF YOUR POSITION	DEPARTMENT
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DUTIES

REASON FOR LEAVING

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY - BEGIN/END	EMPLOYED - FROM/TO
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME & TITLE OF SUPERVISOR

TITLE OF YOUR POSITION	DEPARTMENT
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DUTIES

REASON FOR LEAVING

OTHER EMPLOYMENT

LIST PART-TIME EMPLOYMENT, INCLUDING COMPANY NAME(S), ADDRESSES, DATES OF EMPLOYMENT:

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED. OR TERMINATED? Yes No

IF YES, PLEASE EXPLAIN:

SKILLS

INDICATE EXPERIENCE IN YEARS AND MONTHS FOR EACH AREA:

HOUSE KEEPING _____ CONSTRUCTION _____
JANITORIAL _____ HANDYMAN _____
CARPET CLEANING _____ OTHER _____

LIST ANY OTHER SKILLS YOU THINK MAY BE OF VALUE TO THE COMPANY.

1. _____
2. _____
3. _____

REFERENCES

1. Name _____ Relationship _____ Phone # _____
2. Name _____ Relationship _____ Phone # _____
3. Name _____ Relationship _____ Phone # _____

MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (IF NONE, STATE NONE): _____

MILITARY OCCUPATION: _____

DATE OF ENTRY INTO ACTIVE DUTY: _____ / _____ DATE OF SEPARATION: _____ / _____
(MONTH/YEAR) (MONTH/YEAR)

RANK AT THE TIME OF SEPARATION: _____

PLEASE NOTE: FINAL PROCESSING PRIOR TO EMPLOYMENT WILL REQUIRE A REVIEW OF THE ORIGINAL OR A COPY OF YOUR MILITARY DISCHARGE AND/OR A REVIEW OF YOUR DD FORM 214.

APPLICANT'S CERTIFICATION AND AGREEMENT

I **HEREBY CERTIFY** that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I **HEREBY AFFIRM** that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I **HEREBY AUTHORIZE** the Company to request, and I **ALSO AUTHORIZE AND REQUEST** each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I **HEREBY AFFIRM** that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I **HEREBY AUTHORIZE** the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I **UNDERSTAND** that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the President of H.O.M.E., Inc. has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I **UNDERSTAND** that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

I **UNDERSTAND** that after accepting a position with H.O.M.E., Inc. I will not leave H.O.M.E., Inc and start a business that directly competes with the services offered by H.O.M.E., Inc.

I **UNDERSTAND** that I will not solicit H.O.M.E., Inc. clients for any other purposes other than to promote the services of H.O.M.E., Inc.

Signature _____ Date _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period. Your interest in H.O.M.E., Inc. is appreciated.