

EMPLOYMENT APPLICATION FORM TRUSTY MAID SOLUTIONS

DATE: / /

NOMBRE:		
Address:	City:	State:
Phone:	Social Security No)
Birthday:		
Salary/Rate desired: Em	nployment desired:]Part-Time
Days/Hours available to Work: Monday: Wednesday:/ Thursday : Saturday:/ Sunday:/	/Friday:/	
Please check any or all you are interested in l	below	
☐ Commercial ☐ Residential ☐ Floo	or Care ☐ Construction Cle	ean-up
Have you ever done any professional cleaning	g? ☐ Yes ☐ No	
If yes, please explain your duties:		
HAVE YOU EVER BEED CONVICTED OF A If yes, please explain	 -	
Please list two references other than relatives Name:		
Phone:	. Phone:	
Work Experience		
Employer:	Employment Dates:	
Job Title:	Reason for leaving:	
Employer:	Employment Dates:	
Job Title:	Reason for leaving:	
Signature of Applicant:		
Trusty Maid Solutions is an equal employment opportunity employer notified if and interview is required.	Thank you completing this form and for yo	ur interest in our business. You will be
Office Use Only Date of Employmer	nt Rate of	f Pay:
Person to be notified in Case of Emergency		
Name: P	hone:	