



CARPET & UPHOLSTERY CLEANING SPECIALISTS

541 Cooper Oaks Court, Apopka, FL 32703 - Main Office: 407 814-3920

Emergency after Hours: 407 399-3520 / Pager: 407 983-8884 Fax: 407 299-7606 - www.carpetvalle.com

APPLICATION FOR EMPLOYMENT - (Pre-Employment Drug Testing Required)

PERSONAL INFORMATION

DATE		SOCIAL SECURITY NUMBER	
NAME (LAST NAME FIRST)		TELEPHONE NUMBER / OKAY TO LEAVE MESSAGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE

VALID DRIVERS LICENSE - YES NO IF YES, LICENSE # _____ ISSUED BY THE STATE OF _____

ARE YOU RELATED TO ANYONE IN OUR EMPLOY? - YES NO

ARE YOU OVER 18? - YES NO / DATE OF BIRTH: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR HAVE CHARGES PENDING? - YES NO IF YES DATE: _____ CONVICTION (S) WILL NOT NECESSARILY DISQUALIFY YOU FROM POSITION.

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? - YES NO IF YES DATE: _____

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
DO YOU HAVE ANY COMMITMENTS (PERSONAL OR WITH A PREVIOUS EMPLOYER) THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US? YES <input type="checkbox"/> NO <input type="checkbox"/>		

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	NO. OF YEARS COMPLETED	MAJOR OR COURSE WORK	DID YOU GRADUATE?
HIGH SCHOOL (GED)			
COLLEGE / UNIVERSITY			
VOCATIONAL / BUSINESS SCHOOL			
OTHER STUDIES			
SUBJECTS OF SPECIAL STUDY, RESEARCH WORK AND ANY OTHER SPECIAL TRAINING OR SKILLS YOU FEEL WOULD ENHANCE YOUR QUALIFICATIONS FOR THIS POSITION:			
U.S. MILITARY RANK AND DATES OF DUTY / DISCHARGE			

PERSONAL REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION	YEARS KNOWN

EMPLOYMENT HISTORY / MAY WE CONTACT THE EMPLOYERS? YES NO

EMPLOYER:		TELEPHONE NUMBER:	JOB TITLE:	DUTIES:
CITY	STATE	STARTING SALARY:	ENDING SALARY:	
EMPLOYED FROM:	TO:	REASON FOR LEAVING:		
NAME AND TELEPHONE NUMBER OF SUPERVISOR				

EMPLOYER:		TELEPHONE NUMBER:	JOB TITLE:	DUTIES:
CITY	STATE	STARTING SALARY:	ENDING SALARY:	
EMPLOYED FROM:	TO:	REASON FOR LEAVING:		
NAME AND TELEPHONE NUMBER OF SUPERVISOR				

EMPLOYER:		TELEPHONE NUMBER:	JOB TITLE:	DUTIES:
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EMPLOYER:		TELEPHONE NUMBER:	JOB TITLE:	DUTIES:
CITY	STATE	STARTING SALARY:	ENDING SALARY:	
EMPLOYED FROM:	TO:	REASON FOR LEAVING:		
NAME AND TELEPHONE NUMBER OF SUPERVISOR				

CAN YOU, AFTER EMPLOYMENT, VERIFY YOUR LEGAL ABILITY TO WORK IN THE UNITED STATES? - YES NO

HOW DID YOU HEAR ABOUT THIS POSITION (PLEASE BE SPECIFIC BY INDICATING WHICH WEBSITE OR NEWSPAPER, ETC.)? _____

REFERRED BY? _____

CERTIFICATION

I CERTIFY that all statements made in this statement are true, complete, and correct to best of my knowledge and belief, and are made in good faith. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application to provide any relevant information that may be required to arrive at an employment decision.

SIGNATURE _____ **DATE SIGNED:** _____

ADDENDUM TO EMPLOYMENT APPLICATION

IMPORTANT! READ THE MATERIAL BELOW AND REVIEW YOUR ENTIRE APPLICATION BEFORE SIGNING.

I acknowledge by my signature that I have read and understand the following:

- Qualification and employment considerations by Carpet Valle, Inc are based on the truthfulness and completeness of the statements in the employment application. Falsification or omission of information will constitute grounds for disqualification or dismissal. Upon submission, this application, addendum sheets and other required documentation to support employability become the property of Carpet Valle, Inc. Presenting any false document(s) to gain employment may be cause for ineligibility for hire or immediate dismissal.
- I authorize Carpet Valle, Inc. to investigate the truthfulness of all statements made on this application and to contact my former employers and other listed references or other persons who can verify information.
- I give my consent for all contacted persons, including former employers, to provide information concerning this application and release each contacted person from liability for providing such information. I waive all causes of action that I might have arising the foregoing.
- As prerequisite to my employment, I agree that I will consent to and undergo testing to detect the presence of drugs and alcohol. If employed by Carpet Valle, Inc., I further agree, as a condition of my employment that at such time or times during my employment as Carpet Valle, Inc. shall require I will consent to and undergo testing for the presence of drugs and alcohol. I also agree that at the time of any such examinations. Finally, I agree that the results of any such examination shall be made available to Carpet Valle, Inc.
- Also prerequisite to my employment, I agree that I will consent to a background investigation which will include an investigation of criminal or police records, and may include financial records, credit records, education records, driving records, and any other information deemed by Carpet Valle, Inc to be material to filling the position sought.
- Just as the employee is free to leave Carpet Valle, Inc.'s employment at any time, Carpet Valle, Inc has the right to terminate the employee at any time.
- I acknowledge that the APPLICATION FOR EMPLOYMENT MUST BE SIGNED in order to processed and evaluated.
- I also agree that no representative of Carpet Valle, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

SIGNATURE _____ **DATE SIGNED:** _____

ALL APPLICANTS NOT CONTACTED WITHIN 30 WORKING DAYS AFTER APPLICATION CLOSING DATE, MAY CONSIDER THE POSITION FILLED

THE FOLLOWING IS TO BE FILLED OUT BY CARPET VALLE, INC.

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPARTMENT	POSITION	WILL REPORT	SALARY WAGES