



15790 SE Piazza Avenue, Suite 102  
 PO Box 1213  
 Clackamas, OR 97015  
 Phone: 503-657-3998 Fax: 503-657-1163

<b>OFFICE USE ONLY</b>

Date: \_\_\_\_\_

**PERSONAL INFORMATION**

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle

Have you used any other name(s)? If so, please list: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Past Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number: (Home) \_\_\_\_\_ (Cellular) \_\_\_\_\_ (Work) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State ID#: \_\_\_\_\_ State Issued: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

NOTE: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY OF THE FOLLOWING QUESTIONS The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal Law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

Are you over the legal age of 18 years?  Yes  No

Are you a citizen of the United States of America?  Yes  No  
 If No, are you authorized to work in the US  Yes  No

Upon employment, are you willing to take a drug test?  Yes  No

Position desired: \_\_\_\_\_ What date are you available to start? \_\_\_\_\_

How did you hear about ServiceMaster? \_\_\_\_\_

Have you ever applied for employment with us?  Yes  No If Yes, when? \_\_\_\_\_

Have you been previously employed by us?  Yes  No If Yes, when? \_\_\_\_\_

How many hours per week do you want to work? (Minimum) \_\_\_\_\_ (Maximum) \_\_\_\_\_

Please check the days you are willing to work:  Sun  Mon  Tues  Wed  Thur  Fri  Sat

Do you prefer:  Evening/Swing Shift hours  Daytime hours  Night/Graveyard hours  ALL

What time of day are you available to begin? \_\_\_\_\_

## EXPERIENCE:

Although janitorial experience is not mandatory for this position and superior hands-on training is provided to all employees, some knowledge of the field may be helpful to the employee.

I have experience with or knowledge of the following:

Basic Housekeeping Skills

Floor Stripping, Waxing, or Buffing

Restroom Sanitizing

Wet Vac Operation

Wall Washing

Carpet Cleaning

Commercial Window Cleaning

Upholstery Cleaning

Vacuum Cleaner Repair

Crew Supervision

\_\_\_ Lifting Capacity in pounds (lbs)

Are there any other experiences, skills, abilities, or qualifications that will benefit in the job for which you are applying? \_\_\_\_\_

## RECORD OF EDUCATION:

Type	School name & address	Circle last year completed	Did you Graduate?	List diploma or degree
High School		1 2 3 4		
College or Vocational		1 2 3 4		

*Please continue to the following page*

## EMPLOYMENT HISTORY

Please list below your present and past job history,  
**IN CONSECUTIVE ORDER BEGINNING WITH YOUR MOST RECENT EMPLOYMENT.**

<b>1.</b> Name, address & phone number of company:	From		To		Starting Hourly Wage	Ending Hourly Wage
	Month	Year	Month	Year		
	Reason for Leaving:				Supervisor's Name:	
Describe the work you did:						
Phone: May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>2.</b> Name, address & phone number of company:	From		To		Starting Hourly Wage	Ending Hourly Wage
	Month	Year	Month	Year		
	Reason for Leaving:				Supervisor's Name:	
Describe the work you did:						
Phone: May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>3.</b> Name, address & phone number of company:	From		To		Starting Hourly Wage	Ending Hourly Wage
	Month	Year	Month	Year		
	Reason for Leaving:				Supervisor's Name:	
Describe the work you did:						
Phone: May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>4.</b> Name, address & phone number of company:	From		To		Starting Hourly Wage	Ending Hourly Wage
	Month	Year	Month	Year		
	Reason for Leaving:				Supervisor's Name:	
Describe the work you did:						
Phone: May we contact them: <input type="checkbox"/> Yes <input type="checkbox"/> No						

I hereby give my permission to contact the employers listed above concerning my prior work experience.

I certify that all of the statements made by me on this application for employment are true, correct and complete to the best of my knowledge. I understand that any false statements or willful omission of fact(s) made in this application may be sufficient grounds for rejection of this application or an offer of employment, or if discovered after employment may result in immediate dismissal at any time.

I understand that applications which are not complete may not be processed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_