

# SERVICES PLUS OF THE PEE DEE, INC.

## APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ( )		DATE OF BIRTH	

### EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY WAGE
ARE YOU EMPLOYED? ( )YES ( )NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ( )YES ( )NO	
EVER APPLIED TO THIS COMPANY BEFORE? ( )YES ( )NO	WHERE?	WHEN?

### FORMERS EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME, ADDRESS, & PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NON RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS KNOW
1.			
2.			
3.			

Do you have any physical problems that would prevent you from performing all job requirements?  
 (Circle one)                      YES                      NO

Would you object to a polygraph test?  
 (Circle one)                      YES                      NO

Have you ever been convicted of a felony?  
 (Circle one)                      YES                      NO

Do you have daily reliable transportation?  
 (Circle one)                      YES                      NO

Is all the information above completed and totally correct?  
 (Circle one)                      YES                      NO

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize the investigation of all statements contained herein, the references and employers listed above to give you any and all information, concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of the time, or to make agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

-----DO NOT WRITE BELOW THIS LINE-----

REMARKS

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

Services Plus Of The Pee Dee, Inc.

Non-Compete Clause

I hereby promise not to compete in a cleaning business until two (2) years after termination of employment with Services Plus Of The Pee Dee, Inc.

This includes soliciting business from customers of Services Plus Of The Pee Dee, Inc. or starting a cleaning service in Florence, South Carolina. Any proof of solicitation of business other than that for Services Plus Of The Pee Dee, Inc. while employed in either a part-time or full-time capacity with Services Plus Of The Pee Dee, Inc. will be grounds for termination of employment.

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Employee Signature / Date

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Witness Signature / Date