

CARPET & UPHOLSTERY CLEANING SPECIALISTS

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

Emergency after Hours: 407 399-3520 - 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 ☐ NO ☐			
PRESENT ADDRESS	RESENT ADDRESS CITY		STATE	ZIP CODE		
PERMANENT ADDRESS	CITY		STATE	ZIP CODE		
VALID DRIVERS LICENSE - Y ARE YOU RELATED TO ANYO				ISSUED BY THE STATE OF		
ARE YOU OVER 18? - YES		_	_			
NOT NECESSARY DISQUALI	FY YOU FROM PO	SITION.	ARGED PENDING? - YES ☐ NO ☐ S ☐ NO ☐ IF YES DATE:	☐ IF YES DATE: CON	IVICTION (S) WILL	
EMPLOYMENT DES	SIRED					
POSITION		DATE YOU CAN ST	TART	SALARY DESIRED		
DO YOU HAVE ANY COMMITMENTS (P	ERSONAL OR WITH A P	REVIOUS EMPLOYER) THAT MIGHT AFFECT YOUR EMPLOYMEN	T WITH US?		
EDUCATION HISTO	RY					
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 SUDIES						
SUBJECTS OF SPECIAL STUDY, RESEA	ARCH WORK AND ANY (OTHER SPECIAL TRAIN		LE YOUR QUALIFICATIONS FOR THIS POSITION	ION:	
U.S. MILITARY RANK AND DATES OF D	UTY / 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 KNOW

EMPLOYMENT HISTORY / MAY WE CONTACT THE EMPLOYERS? YES \(\text{NO} \) EMPLOYER: TELPHONE NUMBER: JOB TITLE: DUTIES CITY STATE STARTING SALARY: ENDING SALARY: EMPLOYED FROM: TO: REASON FOR LEAVING: NAME AND TELEPHONE NUMBER OF SUPERVISOR EMPLOYER: TELPHONE NUMBER: JOB TITLE: DUTIES: CITY STATE STARTING SALARY: ENDING SALARY: EMPLOYED FROM: TO: REASON FOR LEAVING: NAME AND TELEPHONE NUMBER OF SUPERVISOR DUTIES: EMPLOYER: TELPHONE NUMBER: JOB TITLE: CITY STATE STARTING SALARY: ENDING SALARY: EMPLOYED FROM: TO: REASON FOR LEAVING: NAME AND TELEPHONE NUMBER OF SUPERVISOR EMPLOYER: DUTIES: TELPHONE NUMBER: JOB TITLE: 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:

SICNATURE

- 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.

DATE SIGNED.

SIGNATURE				DATE SIGNED		
ALL APPL	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	