		APPLI	CANT II	NFORMATIO	N				
Full Name:			ate:						
SS#:	DL#								
Address:				-					
City:		Provid	Providence: Postal Code:						
Phone:	Cell:								
E-mail Addres	 SS:								
Position Appl	ied For:				D	esired Salary: \$			
How did you		s onening:	Besired Salary: \$						
Tiow ara you	TICUI OI CITIS	opermig.							
Date Availabl	e To Start:								
	vailability								
Monday	Specific Times Available								
Tuesday	YES T	NO NO							
Wednesday	YES	NO							
Thursday	YES	NO							
Friday	YES	NO							
Saturday	YES	NO							
Sunday	YES _	NO							
Are you able	to work sw	ing shifts and/or	graveya	rd shifts:					
YES NO	o er been cor	ada or authorized			(must pr	ovide documentation):			
		EDUCATION	/TRAINI	NG/QUALIFIC	ATIONS				
High School:				City:		State/Providence:			
Did you grad	uate:	YES NO		Year of Graduation:					
				City:		5			
College:				State/Providence:					
From:	From: To:			Did you graduate? ☐ YES ☐ NO Degree:					
Other Treisie	~ /O o l:f: o o	Linna.							
Other Trainin	g/Quaimca	tions:							
			REFER	ENCES					
Name:					Relation	ship:			
Address:									
City:		Providence:		Postal Code:					
Home:			Cell:						
Name:					Relation	ship:			
Address:						-			
City:				Providence:	Po	ostal Code:			
Home:	<u>-</u>			Cell:					
Name:					Relation	shin·			
Address:					1	p.			
City:				Providence:	Da	 ostal Code:			

Home:				Cell:				
	PREVIOUS EMP	PLOY	'MENT (Sta	rt with	most recent	emplo	oyer)	
Company:			Sun	ervisor	••	loh.	 Title:	
Address:	<u> </u>			City:		100	Postal Code:	
Phone:			_ City:		Providence: Start Salary:		End Salary:	
Responsibilities:								
From:	To:		Reason for	Leavin	g:			
May we contact y	our previous su	ıperv	isor for refe	rence?	YES NO)		
	-							
Company:		Sup	ervisor:		Job ⁻	Title:		
Address:	ress:		City:		Providence:		Postal Code:	
Phone:					Start Salary:		End Salary:	
Responsibilities:								
From:	To:		Reason for		<u> </u>			
May we contact your previous supervisor for reference? YES NO								
		1 =						
Company:	Superviso				Job Title:			
Address:	City:			Providence:		Postal Code:		
Phone:					Start Salary:		End Salary:	
Responsibilities:	Ta Dan		£al.ai.a					
From:			for Leaving:		2 D VEC D NO			
May we contact y	our previous su	iperv	risor for refe	rencer	YES NO)		
I certify the abo false or mislead to investigate m	ing informatio	n ma	ay lead to r	ny dis	missal. I auth		e. I understand Scrub Maid Service	
Signature:						_Date	e:	

Interview Questions

Do you have experience with a Professional Cleaning Service? Please provide name of company.
Have you ever been convicted in ANY court of any offense, including traffic violations? Describe.
Do you have a valid driver's license? License number, Providence, Expiration date.
What is your desired wage rate?
Please circle what days and hours you are available to work:
8AM-12AM 12PM-4PM 4PM-8PM
Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Do you have obligations that would prevent you from morning, mid-day, or evening visits to our client's homes?
Are you available to work on short notice? Yes No
How many work days have you missed in the last two years due to illness or injury? Describe.
Describe yourself in 5 words or less.
How would you handle an alarm that you set off?

How would you handle an argumentative or complaining client?
Why do you want to be a professional cleaner?
Why would you make a good employee?
What is one thing you do not use when cleaning wood floors?
How do you clean marble and granite?
Please list any special skills or training that you feel is relevant?