



Night n Day
Cleaning & Maintenance Services, Inc.
Commercial & Residential

Employment Application

Licensed • Bonded • Insured

P.O. Box 1474 • Charlottesville, VA 22902 • 434-296-1339

PLEASE PRINT Today's date: _____

First Name M.I. Last Name Preferred Name/Nickname

Social Security # Birth Date

Street Address Apartment # City State Zip Code

Home Phone Alternate/Work Phone E-Mail Address

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in: Full-time Part-time

What day(s) are you available to work? MON TUES WED THURS FRI SAT SUN

What hours are you available to work? _____

How did you hear about the position? Classified Ad Friend (Name) Radio Internet

Desired Pay: _____ Hourly Pay (minimum if applicable)

When are you able to start work? (Date) _____

Are you related to any current or past Night n Day Cleaning Services, Inc. employee(s)? Yes No

** If yes, who? _____

Have you ever been convicted of a crime? Yes No

If yes, please explain _____

Date of conviction _____

Do you have a valid driver's license? Yes No

Drivers license # _____

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No



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PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

| | | | | |
|--------------------------|-------------------------|---|---------------------------------------|-------------------------------|
| FROM _____ MO. YR. | COMPANY NAME | | YOUR POSITION and TITLE | |
| | NO. & STREET | | SUPERVISOR'S NAME, TITLE and POSITION | |
| | CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER |
| TO _____ MO. YR. | TELEPHONE NUMBER () | TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY | RATE OF PAY | REASON: |
| | | | ON HIRE: | |
| | | | ON LEAVING: | |
| FROM _____ MO. YR. | COMPANY NAME | | YOUR POSITION and TITLE | |
| | NO. & STREET | | SUPERVISOR'S NAME, TITLE and POSITION | |
| | CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER |
| TO _____ MO. YR. | TELEPHONE NUMBER () | TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY | RATE OF PAY | REASON: |
| | | | ON HIRE: | |
| | | | ON LEAVING: | |
| FROM _____ MO. YR. | COMPANY NAME | | YOUR POSITION and TITLE | |
| | NO. & STREET | | SUPERVISOR'S NAME, TITLE and POSITION | |
| | CITY | STATE | ZIP CODE | SUPERVISOR'S TELEPHONE NUMBER |
| TO _____ MO. YR. | TELEPHONE NUMBER () | TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY | RATE OF PAY | REASON: |
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REFERENCES: Please list 2 professional references and 1 rental reference.

| Name | Company | Phone | Length of time known/rented |
|------|---------|-------|-----------------------------|
| | | | |
| | | | |
| | | | |

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I hereby authorize the use of my birth date and social security number for the sole purpose of running a criminal background check.

References: I hereby authorize the company and its agents to make such investigations and inquires into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

PRINTED NAME OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF APPLICANT: _____

Mission Statement
The mission of Night n Day Cleaning Services, Inc. is to assist local businesses and residences in maintaining a clean and comfortable environment by consistently providing reliable and trustworthy service.



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Reference Release Form

I, _____, hereby authorize Night n Day Cleaning Services and its agents to make investigations and inquires to _____ regarding my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities provided on my employment application. Furthermore, I authorize Night n Day Cleaning Services and its agents to release any reference information to prospective employers who request such information for purposes of evaluating my credentials and qualifications.

I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions.

| | |
|---------------------------|-------------|
| _____ | _____ |
| <i>Employee signature</i> | <i>Date</i> |
| _____ | |
| <i>Printed Name</i> | |