



ServiceMASTER
 Services by Guthrie
 356 West College Street
 Canonsburg, PA 15317
 724-746-5700
 Fax: 724-746-8771

Name _____ Date _____
 Last First Middle Phone _____
 Cell# _____

Address _____
 Street City State Zip

Social Security Number _____ Date of Birth _____

Wages expected _____ Are you employed now? _____
 Have you had previous experience in professional cleaning? _____
 If yes, where _____

Special skills: Have you had experience in any of the following:

- Operation of floor machine (Buffer) _____
- Floor Stripping _____
- Floor Refinishing (Waxing) _____
- Fire & Water Damage Restoration _____
- Wall Washing _____
- Carpet Cleaning _____
- Window Washing _____

What hours are you available to work?
 6PM - 12AM _____ After Midnight _____ Daytime _____

What days are you available to work each week? _____

Do you have a Valid Drivers License? YES NO OR PA-ID CARD? YES NO
 Operator Number or PA-ID Number & State _____ Expiration Date _____

PRESENT AND PAST EMPLOYERS

| DATE MONTH & YEAR | NAME & ADDRESS OF EMPLOYER | POSITION | REASON FOR LEAVING |
|----------------------|----------------------------|----------|--------------------|
| FROM: | | | |
| TO: FROM: | | | |
| TO: FROM: | | | |
| TO: FROM: | | | |
| TO: | | | |

OFFICE USE:
 PIN#:
 BLDG#:
 START DATE:
 BACK GR CK: ON LINE:
 ACCOUNT:

OFFICE USE:

"CONTINUED ON BACK OF PAGE"

Personal References: List name and phone number of person who can recommend your work.
NO FRIENDS OR RELATIVES, PLEASE!!!!!!

1. _____
2. _____
3. _____

EDUCATION HISTORY

| NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|--|----------------|------------------|------------------|
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL | | | |

GENERAL INFORMATION

| | |
|--|------|
| SUBJECTS OF SPECIAL STUDY OR SPECIAL TRAINING/SKILLS | |
| | |
| | |
| U.S. MILITARY OR NAVAL SERVICE | RANK |
| | |

WE NEED A COPY OF YOUR DRIVERS LICENSE OR PA~ID CARD

PLEASE ANSWER QUESTIONS WHEN FILLING OUT APPLICATION

NAME: _____ **DATE:** _____

Why are you interested in this company?

What do you know about our company?

What can you offer? What are your strengths? Weaknesses?

What have you learned from some of the jobs you have held?

What jobs did you enjoy the most? Why? Least? Why?

Tell me something about yourself. (What do you really want to do?)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

| | | | | | |
|---|---|-------------------------|----------------|----------------|---------------------------|
| Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i> | | | | | |
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Names Used (if any) |
| Address (Street Number and Name) | | | Apt. Number | City or Town | State Zip Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number [][]-[][]-[][][][] | | E-mail Address | | Telephone Number |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

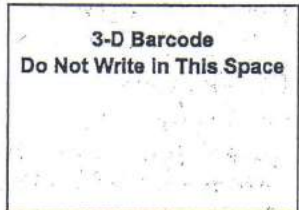
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*



| | |
|------------------------|--------------------|
| Signature of Employee: | Date (mm/dd/yyyy): |
|------------------------|--------------------|

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

| | | | | |
|--------------------------------------|--|-------------------------|-------|----------|
| Signature of Preparer or Translator: | | Date (mm/dd/yyyy): | | |
| Last Name (Family Name) | | First Name (Given Name) | | |
| Address (Street Number and Name) | | City or Town | State | Zip Code |



Employer Completes Next Page





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INSPERITY EMPLOYMENT SCREENING EMPLOYEE BACKGROUND CHECK

I hereby give permission to Inasperity Employment Screening and/or their designees to investigate any and all information given within my application, including a background investigation. I realize that to complete such a background investigation, I must provide identifying information about myself, which is required by the agencies releasing the information.

I fully understand that such identifying information is used solely for the purpose of obtaining a criminal history, civil history, federal history, driver history, credit history and/or background investigation as required.

I further authorize my previous employers, profession references, educational institutions and all others to provide Inasperity Employment Screening and/or designees with the required information.

I hereby release Inasperity Employment Screening and/or their designees any and all of my references and former employers from any liability for any damage due to releasing information regarding me.

If I failed to respond accurately and completely on my application, I understand that employment may be terminated immediately.

Signature of Applicant _____ Date _____

Name of Applicant (Please Print) _____

Address _____

Social Security Number _____

Driver's License Number or PA ID # _____

Date of Birth _____