Supreme Cleaning Services 521 W. Whitman Dr., College Place WA. 99324

SUPREME CLEANING SERVICES, INC Job Application Form

Personal Informatio	n				
Last Name:	Last Name:		, First Name:		
Date of Birth:			. Age:		(Male/Female)
U.S. Citizen?					, , <u> </u>
Address:					
	House #, Apartment #, Street Name				
Phones:	Town	State	Zip Code		
Phones.	(** ***	,	· · · · · · · · · · · · · · · · · · ·		
Worls Information	(Home Phone)		(Cell Phone)	(Email ad	dress)
Work Information	(Dlagge light for		ma a a m 4) .		
· · · · · · · · · · · · · · · · · · ·	(Please list fro	ın most	recent):		
1.	(Business Name)			-	(Approx. Dates Worked)
	(Busiliess Ivailie)				(Approx. Dates Worked)
	(Address, City, State)			_	(Reason for leaving)
	(Supervisor or Own	er Name)		-	(Contact Phone Number)
2.					
2.	(Business Name)			_	(Approx. Dates Worked)
	(Address, City, Stat	e)		-	(Reason for leaving)
	(Supervisor or Own	er Name)		-	(Contact Phone Number)
Work Referen	ices:				
1.					·
2	(First Name, Last N	(Acquainta	ince)	(Phone Number)	
2.	(First Name, Last Name)		(Acquainta	nnce)	(Phone Number)
3.	(First Name, Last Name) (Acquainta			ance)	(Phone Number)
I am looking f	for: 1. Ful	l Time, (Circle ch	2. Part Time, oices)	3. Eve	nings
Work Availab	oility:				
	•	(Hours Av	vailable: I.e.: 8AM – 5F	PM)	(Days Available: I.e.: M-F, Sun)
Housekeeping					(T.1.)
Transportation	<u>Car/Bi</u>	cycle/Bus/Frien	id/Othe	<u>r (List):</u>	
List Any Heal	(DI : 1	P 1/2 B 1 2	36 22 23	D (A '1)	
(Physical			l limitations, Prescription Medications, Past Accidents)		

Note: Please be prepared to provide a copy of your driver's license & SSN card.

Home Office Phone: (509) 522-0444 Cellular Phone: (509) 386-2040