



Employment Application Form

TAYLOR'D MAIDS JANITORIAL SERVICES

Address: 1029 Peachtree Parkway N. Suite#188, Peachtree City, Georgia 30269 | **Phone:** 470-377-1698

Applicant Information

Full Name:

Last First M.I. Date:

Address:

Street Address Apartment/Unit #
City State ZIP Code

Phone: Email:

Position Applied for: Social Security No.: Desired Salary: Date Available:
\$

Are you a citizen of the United States?

☐ YES ☐ NO

If no, are you authorized to work in the U.S.?

☐ YES ☐ NO

Have you ever worked for this company?

☐ YES ☐ NO If yes, when?

Have you ever been convicted of a felony?

☐ YES ☐ NO If yes, explain: Education

Education

High School:

Address:
From: To: Did you graduate? Diploma:
☐ YES ☐ NO

College:

Address:
From: To: Did you graduate? Degree:
☐ YES ☐ NO

Other:

Address:
From: To: Did you graduate? Degree: References
☐ YES ☐ NO



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References

Please list three professional references.

Full Name:	Relationship:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company:	Address:	
<input type="text"/>	<input type="text"/>	

Full Name:	Relationship:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company:	Address:	
<input type="text"/>	<input type="text"/>	

Full Name:	Relationship:	Phone:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company:	Address:	
<input type="text"/>	<input type="text"/>	

Previous Employment

Company:	Phone:	
<input type="text"/>	<input type="text"/>	
Address:	Supervisor:	
<input type="text"/>	<input type="text"/>	
Job Title:	Starting Salary:	Ending Salary:
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Responsibilities:	From:	To:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reason for Leaving:	May we contact your previous supervisor for a reference?	
<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Company:	Phone:	
<input type="text"/>	<input type="text"/>	
Address:	Supervisor:	
<input type="text"/>	<input type="text"/>	
Job Title:	Starting Salary:	Ending Salary:
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Responsibilities:	From:	To:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reason for Leaving:	May we contact your previous supervisor for a reference?	
<input type="text"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	



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Previous Employment (Cont...)

Company:	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary:	Ending Salary:
	\$	\$
Responsibilities:	From:	To:
Reason for Leaving:	May we contact your previous supervisor for a reference?	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Will you consent to a background check?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Will you consent to a mandatory controlled substance test?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you 18 years of age or older?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you own your own vehicle?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		

Military Service

Rank at Discharge:		
Type of Discharge:		
If other than honorable, explain:		
Branch:	From:	To:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	Date: