It is the policy of the company to provide equal employment opportunities to all persons and not to discriminate in its hiring or employment practices on the basis of race, color, religion, sex, national origin, age, physical or mental disability, veteran or military service status, genetic information, or any other status protected by federal, state, or local law.

Last Name	First Name	Middle Initia	al Date of Birth:
Street Address			Home Phone
			()
City, State, ZIP Code			Cell Phone
			()
Position Applying Fo	r		Social Security Number
GENERAL INFORMA	TION		
Are you related to any	one at APDC Cleaning S	Services, Inc.?	
If yes, please provide t department of your re			
Days/Hours Available	to work?	Are you 1	.8 years of age or older?
MonTueWed_	ThurFriSat	Sun Holidays_	
Have you previously so When?		nt application to APE ition?	DC Cleaning Services, Inc?
Are you available to w	ork: Part Time	F	ull Time
If job requires, can you	u travel? If jol	b requires, do you ha	ve a valid driver's license?
EMPLOYMENT PREF	ERENCES		
Desired Position	Date	e you can start	Desired Salary
APPLICANT SIGNATU	RE		TODAY'S DATE

MILITARY

Have you ever been a member of Armed Service	s of the United States?
Branch of service	Period of active duty
Describe your duties and any special training:	

CRIMINAL RECORDS/SEALED RECORDS

Have you pleaded "guilty" or "n	o contest" to or	been convicted of a misdemeanor (other than a minor
traffic violation) or felony?	YES	_NO
If "yes", please state the nature	of the crime(s),	when and where convicted, the disposition of the case,
and any other relevant information	tion you wish us	to consider.*

TRANSPORTATION

Do you have a valid Driver's License? YES NO	Driver's License Number:	
Expiration Date:	Status of Issue:	
	OPERATION COMMERCIAL	
Have you had any moving violations during the	Have you had any accidents during the past 3	
past 3 years? YES NO	years? YES NO	
What are your means of transportation to work?	Comments:	

IN CASE OF EMERGENCY

Height	Weight	Birth Date	Married
			YES NO
Full Name of	Spouse		In Case of Emergency your Blood Type
First Person	to be notified in case	e of emergency:	Telephone Number Home: () Office: ()
Second Perso	on to be notified in c	ase of emergency:	Telephone Number Home: () Office: ()

EDUCATION

	Name and Location	Program Studied/Area of Concentration	Number of Years Completed	Degree or Diploma
High School				
College/University				
Graduate School				
Vocational/Technical				
Other				

SKILLS (Fill in the check boxes to mark all that apply. Years, Months, Days)

Typing	WPM:	□ Housekeeping
Accounting Softwa	re	Houseman
Microsoft Word/of	ther	Common Area
OMicrosoft Excel/ot	her	
Microsoft Access/o	other	□Inspector
Microsoft PowerPo	oint/other	Cook
HTML/other		Precook
Other, please expl	ain:	Dishwasher
		Bartender/Steward
Other, please expl	ain:	Maintenance
		Front Desk
Other, please expl	ain:	Guest Services
		□Other

Summarize skills and qualifications that will be of special benefit in the job for which you are applying:

EMPLOYMENT

Please give accurate, complete full-time and part-time employment information for your last 3 employers. You may include volunteer positions if you wish. Start with present or most recent employer.

Company Name:	Phone:
	()
Address:	Employed (Month/Year)
	From: To:
Supervisor's Name:	Weekly or Annual Pay:
	Start: Last:
Job Title and Description of Your Duties:	Reason for Leaving:
Company Name:	Phone:
	()
Address:	Employed (Month/Year)
	From: To:
Supervisor's Name:	Weekly or Annual Pay:
	Start: Last:
Job Title and Description of Your Duties:	Reason for Leaving:
Company Name:	Phone:
	()
Address:	Employed (Month/Year)
	From: To:
Supervisor's Name:	Weekly or Annual Pay:
	Start: Last:
Job Title and Description of Your Duties:	Reason for Leaving:

We may contact the employers listed above unless you indicate otherwise. DO NOT CONTACT EMPLOYER # (s): Reason:

Please indicate any other name that you have used that would be needed to confirm your employment history.

REFERENES

List any other references whom we may contact (employment and school references preferred).

Name	Years Acquainted	How Acquainted	Address & Phone #

It is unlawful in certain states, including Florida, to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

If hired, are you willing to submit to and pass a controlled substance test?	Yes	No
If hired, in case you need to perform a Polygraph test, would you agree?	Yes	No
If hired, in case you need to perform a Background check, would you agree	? Yes	No
Are you able to perform the essential functions of the job for which you are with/without reasonable accommodation?	e applying, eitl Yes	her No
If no, describe the functions that cannot be performed:		

(Note: APDC Cleaning Services, Inc. complies with the ADA and will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

APPLICANT SIGNATURE

TODAY'S DATE

MEDICAL FORM

Full Name:		SSN#:	
Height:	Weight:		Allergies:

Have you ever had any of the following diseases?

Epilepsy	Yes	No	Inflammation of the bones	Yes	No
Diabetes	Yes	No	Inflammation of the joint cartilage	Yes	No
Heart Disease	Yes	No	Amputation of, Feet, Leg, Arm, Hand.	Yes	No
Hyperinsulinism	Yes	No	A spinal disc removed	Yes	No
Thrombophlebitis	Yes	No	Total or Partial vision loss	Yes	No
Total Welding	Yes	No	Any back or neck injury	Yes	No
Hemophilia	Yes	No	Knee ligament fracture	Yes	No
Poliomyelitis	Yes	No	Parkinson disease	Yes	No
Cerebral Palsy	Yes	No	Herniated spinal disc	Yes	No
Dystrophy	Yes	No	Other:		
Multiple sclerosis	Yes	No			

Have you ever received compensation f	or a work-related injury at work? Yes_	No	
If you select YES, PLEASE WRITE WHY? _			

You have received some type of physical	disability assessment or assigned by an insurance company or
state/ or federal agency? Yes	No

If you select Yes, please write why and when and where and %: ______

You have received surgery for a broken back? Details:

You have received surgery for a broken neck? Details:

You have received surgery for a broken knee? Details:

You have received surgery for any other part of the body? Details:

Do you suffer from arthritis? Yes____ No____ In which part of the body?_____

The information on this form will not be used to discriminate against anyone who could benefit from a job. Under perjury, I declare that I have read all the information in this document and confirm that everything is true

Employee's Signature: _____

Date:_____

Employer's Signature: _____

Date:_____

► Go to www.irs.gov/FormW9 for instructions and the latest information.

	2 Business name/disregarded entity name, if different from above			
Is on page 3.	following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)		
type	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶	· · · · · · · · · · · · · · · · · · ·		
Print or type. Specific Instructions	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is	code (if any)		
ecif		Applies to accounts maintained outside the U.S.)		
See Sp	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name and	d address (optional)		
0)	6 City, state, and ZIP code			
	7 List account number(s) here (optional)			
Par	t I Taxpayer Identification Number (TIN)			
		rity number		
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s. it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>] - [] - []]		

TIN, later.			-
Note: If the account is in more than one nat	me, see the instructions	for line 1. Also see Wha	t Name and
Number To Give the Requester for quideline	es on whose number to e	enter	

Certification Part II

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign	Signature of
Here	U.S. person >

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

· Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

or

Employer identification number

• Form 1099-S (proceeds from real estate transactions)

Date 🕨

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest),
- 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

► Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ► Give Form W-4 to your employer.

Department of the Treasury
Internal Revenue Service

Your withholding is subject to review by the IRS.

Step 1:	(a) F	irst name and middle initial	Last name	(b)	Social security number	
Enter Personal Information	Address City or town, state, and ZIP code		nan care crec SSA	oes your name match the te on your social security d? If not, to ensure you get lit for your earnings, contact A at 800-772-1213 or go to <i>v.ssa.gov.</i>		
	 (c) Single or Married filing separately Married filing jointly (or Qualifying widow(er)) Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) 					

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. **Multiple Jobs** or Spouse Do only one of the following. Works (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld

> TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ► <u>\$</u> Multiply the number of other dependents by \$500 ► \$		
	Add the amounts above and enter the total here \ldots \ldots \ldots \ldots	3	\$
Step 4 (optional): Other	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
Adjustments	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period .	4(c)	\$

Step 5:	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.							
Sign Here	Employee's signature (This form is not valid unless you sign it.)	• ī	Date					
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)					

For Privacy Act and Paperwork Reduction Act Notice, see page 3.



U.S. Citizenship and Immigration Services

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (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.)									
Last Name (Family Name) First Name			lame <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>			
Address (Street Number and Name)			Apt. Number City or Town		City or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy) U.S. Social Security Number			iber	Employe	ee's E-mail Addro	ess	Er	nployee's 1	Felephone 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 boxes):

1. A citizen of the United States		
2. A noncitizen national of the United States (See instructions)		
3. A lawful permanent resident (Alien Registration Number/USCIS Number):		
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):		
Some aliens may write "N/A" in the expiration date field. (See instructions)		
Aliens authorized to work must provide only one of the following document numbers to comp An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign		QR Code - Section 1 Do Not Write In This Space
1. Alien Registration Number/USCIS Number:		
OR		
2. Form I-94 Admission Number:		
OR		
3. Foreign Passport Number:		
Country of Issuance:		
Signature of Employee	Today's Date (mm/dd	//уууу)
Preparer and/or Translator Certification (check one): I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the	employee in completir	ng Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's D	Date (<i>mm/d</i>	ld/yyyy)
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)	City or	Town		State	ZIP Code

STOP



Issuing Authority

Document Number

Expiration Date (if any) (mm/dd/yyyy)

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

Section 2. Employer or a (Employers or their authorized repr must physically examine one docur of Acceptable Documents.")	resentative must	complete and sign Section	on 2 within 3 busin	ess days of the o				
Employee Info from Section 1	Last Name (Fa	nmily Name)	First Name (Give	en Name)	M.I.	Citizenship/Immigration Status		
List A Identity and Employment Aut	OI horization	R Lis Iden	AND		List C Employment Authorization			
Document Title		Document Title		Docum	nent Tit	ile		
Issuing Authority		Issuing Authority			Issuing Authority			
Document Number		Document Number			Document Number			
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (<i>if any</i>) (mm/dd/yyyy)			Expiration Date (if any) (mm/dd/yyyy)			
Document Title								
Issuing Authority		Additional Informatio	on			QR Code - Sections 2 & 3 Do Not Write In This Space		
Document Number								
Expiration Date (if any) (mm/dd/yy	<i>yy)</i>							
Document Title								

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy):

(See instructions for exemptions)

Signature of Employer or Authorized Representative			Today's Date (<i>mm/dd/yyyy</i>)			Title of Employer or Authorized Representative						
Last Name of Employer or Authorized Representative Fir		First Name of Employer or Authorized Representative			ative	Employer's Business or Organization Name						
Employer's Business or Organization Address (Street Number and				ame) City or Town				State	ZIP Code			
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)												
A. New Name (if applicable)					E	B. Date of Rehire (if applicable)						
Last Name <i>(Family Name)</i>	First Name <i>(Given Name)</i>				Middle Initi	al I	Date <i>(mm/</i> o	'dd/yyyy)				
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.												
Document Title			Docume	Document Number				Expiration Date (<i>if any</i>) (<i>mm/dd/yyyy</i>)				
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.												
Signature of Employer or Authorized Representative Today's D			Date (<i>mm/dd/yyyy</i>) Name of			of Employer or Authorized Representative						