

APPLICATION FOR EMPLOYMENT

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 Initial	Date of Birth:
Street Address			Home Phone
			()
City, State, ZIP Code			Cell Phone
			()
Position Applying For			Social Security Number
			- -

GENERAL INFORMATION

Are you related to anyone at APDC Cleaning Services, Inc.? _____

If yes, please provide the name and department of your relative. _____

Days/Hours Available to work? _____ Are you 18 years of age or older? _____

Mon__ Tue__ Wed__ Thur__ Fri__ Sat__ Sun__ Holidays_____

Have you previously submitted an employment application to APDC Cleaning Services, Inc? _____
When? _____ For what position? _____

Are you available to work: Part Time _____ Full Time _____

If job requires, can you travel? _____ If job requires, do you have a valid driver's license? _____

EMPLOYMENT PREFERENCES

Desired Position _____ Date you can start _____ Desired Salary _____

APPLICANT SIGNATURE

TODAY'S DATE

APPLICATION FOR EMPLOYMENT

MILITARY

Have you ever been a member of Armed Services 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 "no 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 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 past 3 years? YES NO	Have you had any accidents during the past 3 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 of emergency:	Telephone Number Home: () Office: ()
Second Person to be notified in case of emergency:	Telephone Number Home: () Office: ()

APPLICATION FOR EMPLOYMENT

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)

- | | | |
|---|------------|--|
| _____ <input type="checkbox"/> Typing | WPM: _____ | _____ <input type="checkbox"/> Housekeeping |
| _____ <input type="checkbox"/> Accounting Software | _____ | _____ <input type="checkbox"/> Houseman |
| _____ <input type="checkbox"/> Microsoft Word/other | _____ | _____ <input type="checkbox"/> Common Area |
| _____ <input type="checkbox"/> Microsoft Excel/other | _____ | _____ <input type="checkbox"/> Supervisor |
| _____ <input type="checkbox"/> Microsoft Access/other | _____ | _____ <input type="checkbox"/> Inspector |
| _____ <input type="checkbox"/> Microsoft PowerPoint/other | _____ | _____ <input type="checkbox"/> Cook |
| _____ <input type="checkbox"/> HTML/other | _____ | _____ <input type="checkbox"/> Precook |
| _____ <input type="checkbox"/> Other, please explain: _____ | | _____ <input type="checkbox"/> Dishwasher |
| _____ <input type="checkbox"/> Other, please explain: _____ | | _____ <input type="checkbox"/> Bartender/Steward |
| _____ <input type="checkbox"/> Other, please explain: _____ | | _____ <input type="checkbox"/> Maintenance |
| | | _____ <input type="checkbox"/> Front Desk |
| | | _____ <input type="checkbox"/> Guest Services |
| | | _____ <input type="checkbox"/> Other |

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

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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.

APPLICATION FOR EMPLOYMENT

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 applying, either with/without reasonable accommodation? Yes _____ 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 for 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: _____

Employee's Withholding Certificate

▶ **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.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> 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: Multiple Jobs or Spouse Works

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.

Do **only one** of the following.

(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 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments	(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)	\$ _____
	(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: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ Employee's signature (This form is not valid unless you sign it.)		▶ _____ ▶ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 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. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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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 completing 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 Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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 (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/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	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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 Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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