



DOMINION
CLEANING SERVICES, INC.

16011 University Oak
San Antonio, TX 78249
(210) 805-8009
Fax: (210) 492-6209

FOR OFFICE USE ONLY

Supervisor's/ PM Name: _____
 Job Number/ Location: _____
 Title of Employee: _____
 New Hire: _____ Re-Hire: _____ PT: _____ FT: _____
 Union Site: Yes or No _____ Shift: _____
 Eligible for benefits? Yes No _____
 Pay Rate: _____ Hire Date: _____

EMPLOYMENT APPLICATION

(PLEASE PRINT IN BOLD)

Position(s) applied for _____ Pay Rate Expected \$ _____ per week
 Would you work Full-Time? _____ Part-Time _____ Temporary _____
 If part-time specify days and hours _____
 Were you previously employed by us? _____ If yes, when? _____
 If your application is considered favorable, on what date will you be available to work? _____

Personal Information

Date ____ / ____ / ____

Name: _____ Social Security Number: _____
 Last First Middle
 Present Address: _____ Telephone number: (____) _____
 No Street City Zip Code

Can you submit a birth certificate or other proof of age if hired? _____
 Do you have any physical condition(s) that may limit your ability to perform the particular job for which you are applying? _____ If yes, describe such condition and tell us what can be done to accommodate your limitations _____
 Do you have the legal right to work in the United States? _____ Proof will be required before you begin working.
 Are you a U.S. Citizen? _____

EXPLAIN ALL GAPS IN EMPLOYEMENT RECORD

| Name and Address of Company and Type of Business | From | To | Describe the work you did | Weekly starting salary | Weekly ending salary | Reason for leaving | Name of Supervisor |
|--|-------|-------|---------------------------|------------------------|----------------------|--------------------|--------------------|
| | Mo/Yr | Mo/Yr | | | | | |
| | | | | | | | |
| | | | | | | | |
| Telephone: _____ | | | | | | | |
| Name and Address of Company and Type of Business | From | To | Describe the work you did | Weekly starting salary | Weekly ending salary | Reason for leaving | Name of Supervisor |
| | Mo/Yr | Mo/Yr | | | | | |
| | | | | | | | |
| | | | | | | | |
| Telephone: _____ | | | | | | | |
| Name and Address of Company and Type of Business | From | To | Describe the work you did | Weekly starting salary | Weekly ending salary | Reason for leaving | Name of Supervisor |
| | Mo/Yr | Mo/Yr | | | | | |
| | | | | | | | |
| | | | | | | | |
| Telephone: _____ | | | | | | | |

May we contact the employers above? _____ If not, indicate which one(s) you do NOT wish us to contact: _____

EDUCATION

Circle last year completed:

Elementary School 5 6 7 8

High School 1 2 3 4

College 1 2 3 4

Describe any other training or education:

MILITARY SERVICE RECORD

Were you in the United States Armed Forces? Yes ___ No ___ If yes, in what branch: _____

Dates of duty from _____ to _____ Rank of Discharge _____

LIST 3 REFERENCES OTHER THAN FORMER EMPLOYERS

| Name | Address | Telephone | Years acquainted |
|------|---------|-----------|------------------|
| | | | |
| | | | |
| | | | |

HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES? _____ If yes, describe in full: _____

I hereby certify that the information contained in this application is true to the best of my knowledge and agree to have any of the statements checked by **DCS, INC.** unless I have indicated on the contrary. I authorize the references listed above to provide **DCS, INC.** with any and all information concerning my previous employment and any pertinent information that they may have. Further I relieve all parties from any liability for any damage that might result from furnishing such information to **DCS, INC.** or from use of such information by **DCS, INC.**

I understand that any misrepresentation, falsification, or material omission of information may result in my failure to receive an offer or if I am hired, in my dismissal of employment. In consideration of employment, I agree to conform to the rules and standards of **DCS, INC.** and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of **DCS, INC.** I understand that no employee or representative of **DCS, INC.** other than the Chief Executive Officer, has any authority to enter in agreement of employment for any specified period of time or to make any agreement contrary to the foregoing.

Signature of Applicant

Date

In case of Emergency notify: Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

EQUAL EMPLOYMENT OPPORTUNITY

This employer is committed to a policy of equal employment opportunity for applicants and employees. Employment decisions shall comply with all applicable laws prohibiting discrimination in employment.