

## New Associate Information

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| Personal Information |
| Full Name: | Last Name | First Name | M.I. |
|  Last | First | M.I. |
| Address: | Street Address | Apt. |
|  Street Address | Apartment/Unit # |
|  | City | State | Zip |
|  City | State | ZIP Code |
| Home Phone: | ( 000 ) 000 - 0000 |  Cell Phone: | ( 000 ) 000 - 0000 |
| E-mail Address: | Email |
| Birth Date: | 00/00/0000 | Marital Status:  | Marital Status |
| SSN: |  - -  | **DL# & State:** Click or tap here to enter text. |
| Spouse’s Name: | Click or tap here to enter text. |
| Spouse’s Employer: | Click or tap here to enter text. | Spouse’s Work Phone: | (000 ) 000 - 0000 |
| Can you pass a background check? | Click or tap here to enter text. | Do you own an insured, reliable vehicle? | Click or tap here to enter text. |
|  |
| Previous Work Information |
| Title: | Click or tap here to enter text. |  Duties: | Click or tap here to enter text. |
| Department: | Click or tap here to enter text. | Supervisor: | Click or tap here to enter text. |
| Work Location: | Click or tap here to enter text. | E-mail Address: | Click or tap here to enter text. |
| Work Phone: | ( 000 ) 000 - 0000 | Supervisor’sPhone: | ( 000 ) 000 - 0000 |
| Start & End Dates: | Click or tap here to enter text. | Salary: | $ Click or tap here to enter text. |
|  |
| Emergency Contact Information |
| Full Name: | Last | First | M.I. |
|  | Last | First | M.I. |
| Address: | Click or tap here to enter text. |  |
|  | Street Address, City, State, Zip |  |
| Primary Phone: | ( 000 ) 000 - 0000 | Alternate Phone: | ( 000 ) 000 - 0000 |
| Relationship: | Click or tap here to enter text. |

**New Associate Availability & Desired Schedule**

Please fill in the times you would be available to take jobs from us and clearly mark days which you would be unavailable entirely. You are not required to work weekends, but last minute work does come up occasionally and be sure to mark it if you would be available to contact for this possibility. Thank you!

Monday: Start time **to**  End time

Tuesday: Start time **to**  End time

Wednesday: Start time **to**  End time

Thursday: Start time **to**  End time

Friday: Start time **to**  End time

Saturday: Start time **to**  End time

Sunday: Start time **to**  End time

Do you have previous professional cleaning experience? If so, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click to answer.

How many hours/days a week would you ideally like to work? Click to answer.

How many maximum hours are you willing to work in a given day? Click to answer.

How many houses are you willing to clean in a day? Click to answer.

How far are you willing to travel? Are there specific areas you would prefer to work or not?

Click to answer.

How do you feel about working with a partner or team?

Click or tap here to enter text.

*Thank you! Someone will be in contact with you.*