



EMPLOYMENT APPLICATION

ANCO Cleaning Company • An Equal Opportunity Employer

Termination Date: _____

PLEASE PRINT

Hire Date: _____

GENERAL

Social Security Number		Last Name		First Name		Middle Initial		
Street & Number				Apartment #		Home Phone No.		
City		County		State		Zip		
Person To Notify In Case Of Emergency				Emergency Phone No.				
Do you have a relative working at ANCO? If yes give name, relationship, department / location? <input type="checkbox"/> Yes <input type="checkbox"/> No							Are you under 21 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by ANCO? <input type="checkbox"/> Yes <input type="checkbox"/> No				If "Yes", please complete this line Dates of Employment From: / / To: / /			Supervisor's Name Location	
Position(s) Desired				Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Hours Available		
Have you ever been convicted of a felony? If "Yes" Explain <input type="checkbox"/> Yes <input type="checkbox"/> No				From:		To:		
Do you have any mental or physical defects or ailments which would limit your personal performance in the position(s) for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No				If "Yes" explain				
Branch of Military		From:	To:	Rank Achieved		Are you willing to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year and Make of Car	

EDUCATION (Name and Address of School)	Major	No. of Years	Diploma/Degree
High School			
College			
Other (specify)			

EMPLOYMENT (List most recent job first)			
Company		Address	
Job Title/Duties Performed		Supervisor's Name	
Reason for Leaving		Phone No. (Area Code)	
		From Mo. Yr.	To Mo. Yr.
		Starting Pay	Ending Pay
Company		Address	
Job Title/Duties Performed		Supervisor's Name	
Reason for Leaving		Phone No. (Area Code)	
		From Mo. Yr.	To Mo. Yr.
		Starting Pay	Ending Pay
Company		Address	
Job Title/Duties Performed		Supervisor's Name	
Reason for Leaving		Phone No. (Area Code)	
		From Mo. Yr.	To Mo. Yr.
		Starting Pay	Ending Pay

PERSONAL REFERENCES (Not Former Employers or Relatives)		
Name	Relationship or Title	Phone No. (Area Code)
Name	Relationship or Title	Phone No. (Area Code)

SIGNATURE

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for dismissal in accordance with ANCO. I authorize the references and supervisors listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of ANCO and my employment and compensation can be terminated at any time, at the option of either the company or myself pursuant to my employment contract. I understand that no representative of ANCO other than the franchise owner, or my supervisor has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

DATE

SIGNATURE