

APPLICATION FOR EMPLOYMENT

ROYAL MAIDS LLC

1545 Highway 17, Little River, SC29566
 Telephone: 843 249 6160—Fax: 843 249 6199
 www.royalmaidslc.com



Where there are boxes (☐), please put a cross (☒) in the relevant box.

First Name	Married ☐ Single ☐ Divorced ☐ Widowed ☐
Middle Name	Children: Yes ☐ No ☐ Ages: Do they live with you? Yes ☐ No ☐
Last Name	Do you have any tattoos? Yes ☐ No ☐ Where:

Physical Address:	City	State	Zip
Your Telephone Numbers Home: Cell:	Person to contact in case of emergency. Relationship to you	Emergency phone #	

Email Address: _____

If hired, when can you start work? _____

Social Security # Birthday

Drivers License # State

Is your driving license valid?	Yes ☐ No ☐	1
Do you have any points on your license?	Yes ☐ No ☐	2
Have you had a car accident in the last 5 years (regardless of who was to blame)?	Yes ☐ No ☐	3
Do you have full time access to a vehicle? (To get to work)	Yes ☐ No ☐	4
Make of vehicle	Model _____ YR _____	5
Are you able to submit verification of your legal right to work in the U.S.?	Yes ☐ No ☐	6

Have you been convicted of a criminal offence?	Yes ☐ No ☐	7
If yes, explain:		
In the last 5 years has your driver's license been suspended? If yes, explain reason please.	Yes ☐ No ☐	8

Note: Due to the security-sensitive nature of the job, all employees are required to be bonded. As a matter of policy, the company requires a police background and driving record check on any applicant being considered for hiring.

WORK EXPERIENCE

List below your last three employers, starting with your present or last place of employment. You may include in such history any verified work performed on a volunteer basis.

Date Mo./Yr.	Name and Address of Employer	Salary	Position	Reason for Leaving	Office Use
Fr:					9
To:					
Supervisor's Name:			Telephone:		
Fr:					10
To:					
Supervisor's Name:			Telephone:		
Fr:					11
To:					
Supervisor's Name:			Telephone:		

STATE YOUR EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY	Office Use Only
High School		9 10 11 12 GED		12
College		1 2 3 4		13
Trade, Business Or Graduate School				14

Are you able to lift 50 pounds or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	15
Would you have difficulty standing, bending, or kneeling in connection with performing necessary cleaning duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	16
What hours are you available to work on the following weekdays? (We do not work weekends) Monday Tuesday Wednesday Thursday Friday		17
Do you work a 2nd job in the evenings or weekends? If yes, do you plan to continue this?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	18
Are you presently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	19
If yes, may we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	20

PERSONAL REFERENCES

List the names of three persons not related to you, whom you have known for at least three years.

1	Name:	Occupation:	Phone:	21
2	Name:	Occupation:	Phone:	22
3	Name:	Occupation:	Phone:	23

How did you hear of Royal Maids?
 Newspaper Advert Referred Other

Additional Information

Please give information here of any boat cleaning, residential cleaning or maid service role that you have performed either currently or in the past. Please indicate where, when and for whom (dates/state) you have performed these duties. Please add any information that may assist your application.

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Please read the following statement carefully before signing this application. Only those applications which are signed and dated are considered valid. If you have any questions regarding this statement, please ask them before signing.

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I understand that, if employed by Royal Maids, I will be responsible for familiarizing myself with all rules and regulations of the company as they presently exist or are later modified and that I will abide by its rules and regulations which I understand are subject to change.

Signed Date

Please continue to page 4 & 5

For office use only:

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Interviewed by: Received Driving Record & Criminal Check Hired: Yes/No

Date started: Left:

Are you currently claiming unemployment benefit? Yes/No

If yes, how long have you claimed this benefit?

Do you claim any benefits or help from the State? Yes/No

Such as:

Do you/your family have medical issues that require regular or frequent visits to the doctor or hospital? Yes/No

Do you have any commitments (family/work) that means working shorter hours or only on certain days? Yes/No

Available for Saturday work in Season (9.30-4)? Yes/No

Are you able to kneel to clean floors? Yes/No

How long have you lived in the Myrtle Beach/Brunswick area?

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Office Use Only:

Experienced with residential - boats - condos - vacation rentals

Uniform Size:

Clean License

Additional info:

Authorization for Release of Information

The information requested below is for the purpose of conducting a background investigation, which may include criminal records check, driving record, and other reports. The information regarding age, sex, race, past residence or any other legally protected status will not be used as part of any hiring, promotion, or termination decision.

PLEASE PRINT		
_____	_____	_____
Last Name	First Name	Middle Name
Maiden Name: _____		
Other Last Names Used: _____		
Other names previously used and when (maiden name or other married names etc.) _____		
_____/_____/_____	_____	_____
Date of Birth (month/day/year)	Social Security Number	Driver's License Number
Have you <u>ever</u> been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details:		

We will run a criminal check, so please be honest.		

ADDRESS

Current:	Street	From
	City	State & Zip
Previous:	Street	From
	City	State & Zip
		To

I _____ hereby authorize the recipient of this release to search any of the following files, which the recipient possesses, and to release the contents of those files to the prospective employer listed below and/or to its authorized Employment Information Services Agent.

<input type="checkbox"/> Federal, state, or county criminal history records	<input type="checkbox"/> Social Security Number Verification	<input type="checkbox"/> State Driving Records	<input type="checkbox"/> 5 Year Employment Verification
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I authorize the reporting of the contents of any of the above records to the prospective employer listed below or its authorized Employment Information Services Agent. I release the recipient of this release, the prospective employer named below, and its Employment Information Services Agent from any and all liability for obtaining and releasing such information.

Applicants Signature

Date

Prospective Employer: Royal Maids LLC