

APPLICATION FOR EMPLOYMENT

The Davis Group, Inc. dba Teays Maids
3814 Teays Valley Rd.
Hurricane, WV 25526
757-4848

DATE _____

Social Security Number
_____-_____-_____

PERSONAL INFORMATION

Name _____
LAST FIRST MIDDLE

Present Address _____
STREET CITY STATE/ZIP

Physical Address _____
STREET CITY STATE/ZIP

Phone No. _____ Referred By _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you currently employed? _____ If so, may we inquire of
your current employer? _____

Ever worked for or applied to this company before? _____ When? _____

Do you know someone that currently or previously worked for this company? _____

What hours are you available? (circle one) Daytime Evening Either

EDUCATION

	NAME AND LOCATION OF SCHOOL	YRS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL	_____ _____			
COLLEGE	_____ _____			
TRADE OR BUSINESS SCHOOL	_____ _____			

PHYSICAL RECORD

Do you have any physical limitations that would prevent or hinder you from performing any work for which you are applying? _____

Previous injuries? _____

Have you any impairments in hearing? _____ In vision? _____ In speech? _____

In case of emergency

Notify _____
NAME ADDRESS PHONE NO.

FORMER EMPLOYERS

(list below last four employers, starting with the last one first)

DATE Month and Year	NAME OF EMPLOYER AND SUPERVISOR	ADDRESS AND PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:					
FROM: TO:					
FROM: TO:					
FROM: TO:					

The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

REFERENCES

(List below the names of three persons not related to you, whom you have known at least one year)

NAME	ADDRESS	PHONE NO. (REQUIRED)	BUSINESS	YEARS KNOWN

Do you have a valid driver's license? _____

Do you have reliable transportation to work? _____

(Teays Maids provides company vehicles while teams are in the field.)

Have you ever been convicted of a felony? _____

Do you abuse alcohol and/or controlled substances? _____

Will you agree to random drug tests? _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature _____ Date _____

Interviewed By _____ Date _____

Comments _____

Hired _____ Position _____ Will Report _____ Wages _____ ■