

# Application for Employment

Date \_\_\_\_\_

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including, but not limited to, race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

## PERSONAL INFORMATION

|   |  |   |
|---|--|---|
| Last Name   | First Name                             | Middle Name                                       |
| Present Address   | City                                   | State ZIP   |
| Telephone Number  | Person to contact in case of emergency | Emergency phone #                                 |
| SOCIAL SECURITY NUMBER _____  |  |   |
| DRIVER'S LICENSE # _____ STATE _____  |  |   |
|   |  |   |
| Is your vehicle in good and safe mechanical condition? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  |  |   |
| Is the vehicle covered by comprehensive liability insurance? What company? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span><br>Policy # _____                      |  |   |
| Make of vehicle   | Model                                  | YR  |
|   |  |   |
| Would you have difficulty standing, bending, or kneeling in connection with performing necessary cleaning duties? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> |  |   |
| What hours are you available to work on the following week days?  |  |   |
| MON   | TUE                                    | WED   |
| THU   | FRI                                    | SATURDAY?<br><i>If work available</i><br>___TO___ |
|   |  | SUNDAY?<br><i>If work available</i><br>___TO___   |
| If you are hired, when can you start work? <span style="float: right;"><input type="checkbox"/></span>  |  |   |
| Are you presently employed? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>   |  |   |
| If yes, may we contact your present employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>   |  |   |

My Desired hourly rate is \$ \_\_\_\_\_ per hour.

**Application for Employment - Continued**

Have you ever been convicted of a criminal offense?  Yes  No

If yes, explain:

Have you ever been bonded?  Yes  No

Has your driver's license ever been suspended?  Yes  No

If yes, explain:

*Note: We conduct a police background and driving record check on any applicant in consideration for hiring.*

**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:       |
|    | Address: |             | Years Known: |
| 2. | Name:    | Occupation: | Phone:       |
|    | Address: |             | Years Known: |
| 3. | Name:    | Occupation: | Phone:       |
|    | Address: |             | Years Known: |

| To what extent would the following job characteristics be attractive to you? | VERY GREAT | GREAT | SOME WHAT | LITTLE | VERY LITTLE |
|--|------------|-------|-----------|--------|-------------|
| <input type="checkbox"/> More flexible daytime hours than other jobs.        |            |       |           |        |             |
| <input type="checkbox"/> Working in a team environment                       |            |       |           |        |             |
| <input type="checkbox"/> The opportunity to become a team manager.           |            |       |           |        |             |
| <input type="checkbox"/> Physical activity and exercise.                     |            |       |           |        |             |
| <input type="checkbox"/> The opportunity to work full-time part-time         |            |       |           |        |             |
| <input type="checkbox"/> Helping clients by keeping their homes clean.       |            |       |           |        |             |
| <input type="checkbox"/> A good relationship with fellow employees.          |            |       |           |        |             |
| <input type="checkbox"/> Recognition from management for good work.          |            |       |           |        |             |

How did you hear about us?  Website  Referred by: \_\_\_\_\_  Other: \_\_\_\_\_

# Pre-Employment Background Check Authorization and Release Form

## APPLICANT INFORMATION:

In compliance with the Federal Fair Credit Reporting Act, the following form must to be signed by applicant prior to ordering a Background Check. Complete and sign this form and Return the completed and signed form to Queen Bee Cleaning Service

Please type or PRINT CLEARLY

\_\_\_\_\_  
First Name Middle (or maiden) Name Last Name

\_\_\_\_\_  
Street Address City State Zip Code

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_@\_\_\_\_\_

\_\_\_\_\_  
Date of Birth\* Social Security Number \*

\_\_\_\_\_  
Driver's License Number \* D.L. State Issued

All of the information provided here is accurate and correct to the very best of my knowledge:

(\* For purposes of background check only)

\_\_\_\_\_  
Applicant Signature Date

Are you a US citizen? [ ] Yes [ ] No Can you work legally in the US? [ ] Yes [ ] No

## Authorization For Release Of Information

### Background Check Disclosure

As part of the employment process, "The Employer", may obtain a consumer report and / or Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for the purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

### Authorization and Release

During the application process and at any time during any subsequent employment, I hereby authorize Queen Bee Cleaning Service to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts, Driving Records, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

**EMPLOYEE NON-SOLICITATION AGREEMENT**

a. Non-Solicitation of Customers. Employee further agrees that for the duration of this Agreement, and for a period of one (1) year after the termination of his/her employment with Company, for any reason, including expiration of this Agreement, he/she will not: (i) solicit or accept any business from any Customer, or (ii) induce or encourage any Customer not to do business with Company or to reduce the business that is done with Company. In the event Employee breaches any of the provisions of this Paragraph, Company’s primary remedy shall be injunctive relief as provided for below.

b. Referral Fee. The Employee may pay a referral fee of \$1000 per Customer to the Company if the Employee wants to work directly for the Customer. Once the Employee has paid the referral fee, the Company will no longer be responsible for monitoring and managing the Employee, including, but not limited to, scheduling, information security, quality of services and any other act pertaining to the daily work duties of Employee.

c. Solicitation of Customers without Referral Fee Payment. If Employee fails to pay the above-described referral fee, then the Company shall reserve the right to pursue a claim for damages. Both parties acknowledge the difficulty of calculating damages under this non-solicitation agreement.

As such, both parties agree that in the event of any violations, Company will be entitled to liquidated damages of \$10,000, set for the purpose of discouraging violations, which liquidated damages are to be awarded in favor of Company and against Employee.

d. Non-Solicitation of Employees. Employee agrees that for the duration of this Agreement, and for a period of one (1) year after the termination of this Agreement for any reason, including expiration of the Agreement, he/she will not (i) encourage or induce any employee of Company or any of its Affiliates to end an existing employment relationship with Company or its Affiliates, or (ii) either directly or indirectly, on his/her own behalf or on behalf of others, solicit, attempt to hire, or hire any person employed by Company, or any of its Affiliates. In the event of Employee's breach of any of the provisions of this Paragraph.

Employee Name

Date

\_\_\_\_\_

\_\_\_\_\_

Employee Signature

Date

\_\_\_\_\_

\_\_\_\_\_

# Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

**2021**

|   |   |           |  |
|---|---|-----------|--|
| <b>Step 1:</b><br><b>Enter Personal Information</b> | (a) First name and middle initial   | Last name | (b) Social security number   |
|   | Address   |           | ▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> . |
|   | City or town, state, and ZIP code   |           |  |
|   | (c) <input type="checkbox"/> <b>Single or Married filing separately</b><br><input type="checkbox"/> <b>Married filing jointly or Qualifying widow(er)</b><br><input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |  |

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

|   |   |             |    |
|---|---|-------------|----|
| <b>Step 3:</b><br><b>Claim Dependents</b>             | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):<br>Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____<br>Multiply the number of other dependents by \$500 ▶ \$ _____<br>Add the amounts above and enter the total here . . . . . | <b>3</b>    | \$ |
| <b>Step 4 (optional):</b><br><b>Other Adjustments</b> | (a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .   | <b>4(a)</b> | \$ |
|   | (b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .  | <b>4(b)</b> | \$ |
|   | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period .  | <b>4(c)</b> | \$ |

|                                    |  |  |             |
|------------------------------------|--|--|-------------|
| <b>Step 5:</b><br><b>Sign Here</b> | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. |  |             |
|                                    | <b>Employee's signature</b> (This form is not valid unless you sign it.)   |  | <b>Date</b> |

|                       |                             |                          |                                      |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| <b>Employers Only</b> | Employer's name and address | First date of employment | Employer identification number (EIN) |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|

