



N&C SERVICE
INCORPORATED
Complete Cleaning Services

201 SE Third Avenue
Portland, OR 97214

Phone: (503) 231-6400
Fax: (503) 231-1534
Email: service@nandcservice.com

PERSONAL INFORMATION

DATE

Name (Last Name, First Name)		Social Security Number	
Present Address	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number		Referred By	

EMPLOYMENT DESIRED

Position	Date you can start	Salary Desired
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you applied to work for N&C Service before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	

EDUCATION HISTORY

Name & Location of School	Years attended	Did you graduate?
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade, Business or Correspondence School		<input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL SKILLS

List any special skills or training that will assist you in the position for which you are applying.
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WORK HISTORY

Month / Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				
From: To:				

REFERENCES

Name	Address and Phone Number	Business	Years Known

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize Investigation of all statements contained herein and the references and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____