



EMPLOYMENT APPLICATION
 Submit with coverletter and resumé to:
 Herb'n Living LLC
 P.O. Box 15142
 St. Louis, Missouri 63110

| | | | | | | | | | | |
|--|----------------|-----------|--------------------|---|-----------------------------------|--------------------|-----------|--------------------|---|--|
| | | | | | Date: | | | | | |
| Name (print): | | | | | SSN: | | | | | |
| Street address: | | | | | Date of Birth: | | | | | |
| City: | | State: | Zip: | | Home phone: | | | | | |
| E-mail address: | | | | | Cell phone: | | | | | |
| Please list times available to work. | Mondays: | Tuesdays: | Wednesdays: | Thursdays: | Fridays: | Saturdays: | Sundays: | | | |
| If your application is considered favorably, on what date would you be available to start? | | | | | | | | | | |
| Expected hourly rate: \$ /hour | | | | Desired number of scheduled hours per week: Minimum hours, Maximum hours | | | | | | |
| Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | |
| If yes, please explain: | | | | | | | | | | |
| If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | |
| Are you willing to submit to and pass a controlled substance test? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | |
| EDUCATION | | | | | | | | | | |
| Type of School | Name of School | | Major & Degree | | Last Year Completed | | Graduate? | Last Year Attended | | |
| Elementary | | | | | 5 | 6 | 7 | 8 | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| High School | | | | | 9 | 10 | 11 | 12 | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| College | | | | | 1 | 2 | 3 | 4 | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Graduate School | | | | | 1 | 2 | 3 | 4 | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Business or Trade School | | | | | 1 | 2 | 3 | 4 | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Corresp. or Night School | | | | | 1 | 2 | 3 | 4 | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| GED | | | | | | | | | | |
| SERVICE IN U.S. ARMED SERVICES | | | | | | | | | | |
| Have you ever served in the U.S. armed forces? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | If yes, date active duty started: | | | | | |
| Which branch of service? | | | Date of discharge: | | | Rank at discharge: | | | | |
| Special training & skills acquired during service: | | | | | | | | | | |

EMPLOYMENT HISTORY

Please note: A resume may not be substituted for the information required in this application.

| List below the names of all your last four employers, beginning with the most recent. a. Company Name b. Address & Phone Number | | Kind of business | Dates of employment: From To mm/yy mm/yy | | Your job title and brief description of responsibilities |
|---|----|------------------|--|--|--|
| 1 | a. | | | | |
| | b. | | | | |
| 2 | a. | | | | |
| | b. | | | | |
| 3 | a. | | | | |
| | b. | | | | |
| 4 | a. | | | | |
| | b. | | | | |

Is it okay to contact all of these employers? [] YES [] NO
 If not, please indicate by number those employers whom you do not wish us contact.

Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any job?
 [] YES [] NO If yes, please list name of employer, date and explanation.

PROFESSIONAL REFERENCES

| | Name and title (<i>Do not list relatives</i>) | Phone number | E-mail address |
|---|---|--------------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

RELEVANT SKILLS

Briefly list any skills, experience, interests or qualifications that would make you an asset to Herb'n Maid.

| | |
|---|---|
| Are you able to work for up to 5 hours without a break? [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO If no, please explain. | Are you able to lift at least 50 pounds without assistance? [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO If no, please explain. |
| Have you ever operated a carpet steamer? [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO | Have you ever operated an upholstery steamer? [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO |
| Have you ever operated a vacuum with hose and brush attachments? [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO | Have you ever operated a floor buffer? [<input type="checkbox"/>] YES [<input type="checkbox"/>] NO |

VEHICLE, LICENSURE AND INSURANCE

| | | |
|---|--|-----------------------|
| Do you have a driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO | If so, in what state was it issued? | License number: |
| Do you currently have automobile insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO | If so, with whom are you insured? | |
| Do you have a reliable vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO | If so, what is the make, model and year? | |
| In what state and county is your vehicle registered? | | License plate number: |

In approximately 100 words, please tell us why you wish to work for Herb'n Maid.

CERTIFICATION

- IF MY APPLICATION IS CONSIDERED FAVORABLY AND AN OFFER OF EMPLOYMENT IS EXTENDED, I UNDERSTAND THAT SUCH OFFER IS CONTINGENT UPON THE EXECUTION OF A SEPARATE WRITTEN AGREEMENT WHICH SHALL GOVERN THE TERMS OF SUCH PROPOSED EMPLOYMENT.
- I ALSO UNDERSTAND THAT IF AN ITEM IS BROKEN IN A PROPERTY I AM CLEANING FOR HERB'N MAID, I AM OBLIGATED TO FILE AN INCIDENT REPORT TO HERB'N MAID AND THAT I WILL BE HELD LIABLE FOR PAYMENT OF THE LESSER OF EITHER REPLACEMENT COSTS FOR THAT ITEM OR OF A DEDUCTIBLE IN THE AMOUNT OF \$250.00.
- I UNDERSTAND THAT DURING THE COURSE OF MY WORK WITH HERB'N MAID I MAY HAVE ACCESS TO PROPRIETARY BUSINESS INFORMATION AND I HEREBY PROMISE NOT TO DISCLOSE THAT INFORMATION AT ANY TIME DURING OR AFTER MY EMPLOYMENT WITH HERB'N MAID.
- I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL MISREPRESENTATIONS OR FALSIFICATIONS AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION AS TO A MATERIAL FACT, MY APPLICATION WILL BE REJECTED/MY EMPLOYMENT WILL BE TERMINATED. **YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATIONS REGARDING MY PERSONAL HISTORY.**

| | |
|------------------------|-------|
| Applicant's signature: | Date: |
|------------------------|-------|