



## EMERGENCY WATER REMOVAL

### Employment Application

*Please print off and fill out application, then either scan or send a phone pic of the application to sheena@littleelvescleaning.com*

#### Applicant Information

Name:

Phone Number:

Email Address:

Current address:

City:

State:

ZIP Code:

Have you ever been convicted of a felony? Yes No (Please Circle)

If yes, explain:

#### Employment Information

Current employer:

Phone:

How long?

Employer address:

City:

State:

ZIP Code:

Position:

Hourly Salary (Please circle)

Income:

#### Emergency Contact

Name:

Relationship:

Phone Number:

#### Verification

I authorize the verification of the information provided on this form.

Printed name of applicant:

Date:

Signature of applicant:

Date: