



**PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION**

**Are you interested in:** ☐ Full Time ☐ Part Time ☐ Temporary

**What schedules would you prefer?** ☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights

**How did you hear about us?** ☐ Walk In ☐ Referral ☐ Advertisement ☐ Other:  
 Name: \_\_\_\_\_ Where: \_\_\_\_\_

**Have you worked for this company before?** ☐ No ☐ Yes **Dates:** \_\_\_\_\_

**Do you know anyone who works here?** ☐ No ☐ Yes **Name:** \_\_\_\_\_

**Desired Pay:** Hourly Pay ☐ \$ \_\_\_\_\_ Annual Pay ☐ \$ \_\_\_\_\_  
 (Minimum, if applicable) Minimum Desired

**When are you able to start work?** **Date:** \_\_\_\_\_

**In what local area do you prefer to work?** \_\_\_\_\_

**Position desired:** \_\_\_\_\_

**[Sparkle Services Inc]** is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, **[Sparkle Services Inc]** complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. **[Sparkle Services Inc]** also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

**PLEASE CHECK YES OR NO TO THE FOLLOWING:**

**Are you authorized to work in the United States?**

\_\_\_ Yes \_\_\_ No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, **Sparkle Services Inc** will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

**Are you under 18 years of age?**

\_\_\_ Yes \_\_\_ No

If yes, can you furnish a work permit?

\_\_\_ Yes \_\_\_ No

**Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation?**

\_\_\_ Yes \_\_\_ No

**PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)**

Massachusetts applicants may include any verified work performed on a volunteer basis.

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO ____ / ____ Month Year	TELEPHONE NUMBER (      )		TERMINATION ___ VOLUNTARY ___ INVOLUNTARY	REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u>			

	COMPANY NAME			YOUR POSITION and TITLE
FROM ____ / ____ Month Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			

TO _____ / _____ Month                  Year	TELEPHONE NUMBER (        )	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u>		

	COMPANY NAME			YOUR POSITION and TITLE
FROM _____ / _____ Month                  Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO _____ / _____ Month                  Year	TELEPHONE NUMBER (        )	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON	
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u>			

	COMPANY NAME			YOUR POSITION and TITLE
FROM _____ / _____ Month                  Year	NO. & STREET			SUPERVISOR'S NAME, TITLE and POSITION
	CITY	STATE	ZIP CODE	SUPERVISOR'S TELEPHONE NUMBER
	TYPE OF BUSINESS			
TO _____ / _____ Month                  Year	TELEPHONE NUMBER (        )	TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON	
	BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u>			

**EDUCATION:**

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

**PROFESSIONAL DESIGNATIONS:**

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

**PROFESSIONAL LICENSES:**

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

**REFERENCES: Please list three professional references**

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

***I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.***

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

**SIGNED:**

**DATE:**

**For Massachusetts Applicants Only**

IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

**For Maryland Applicants Only**

**POLYGRAPH NOTIFICATION AND ACKNOWLEDGMENT:**

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For California Applicants Only (Optional)**

I am providing my contact information to the Company for limited purposes only and consider such information to be private. I understand that from time to time individuals file class action lawsuits against companies and that the mere filing of a lawsuit does not mean that the claims in the lawsuit have merit. I also understand that it is possible that individuals or their attorneys may ask that the Company provide them with my contact information as part of a class action lawsuit. I do not consent to the Company providing my contact information to any individual or attorney in any such lawsuit that may be filed, unless I later give my express written consent, or unless the Company is required to do so by law or the Company determines that I am a witness to that lawsuit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### AUTHORIZATION FOR BACKGROUND CHECKS

I authorize Sparkle Services Inc, (the "Company") to obtain a consumer report(s) (or background report(s)) on me, including any investigative consumer reports. I also agree that a copy of this form is valid like the signed original.

The consumer reporting agency (CRA) ADP Screening and Selection Services, Inc. (ADP SASS) will prepare the background report for the Company. ADP SASS is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at [www.adpselect.com](http://www.adpselect.com).

I understand that, as allowed by applicable law, the Company may rely on this authorization to order additional background reports, including investigative consumer reports, (1) during my employment or time as a volunteer or independent contractor, as applicable and (2) from any CRA other than ADP SASS without asking me for my authorization again. I understand the Company may order background report(s) under my legal name and any other names I may have used.

I also authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to you: credit history; public records; a Social Security number verification; driving records; military service; credentials/certifications; and verification of prior employment and education.

**If you live or work for the Company in California, Minnesota or Oklahoma:** Check this box if you would like a free copy of your background check report:

☐

Please print your legal name:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of birth:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature  
(Month/Day/Year)

Date