



AAA DRY FOAM

Professional Cleaning, Inc.
700 Philadelphia Pike • Wilmington, DE 19809 • 302-798-6789
AAADry.com • Since 1994 • Fire • Mold • Water Damage Restoration

EMPLOYMENT APPLICATION

Position Applied For: _____

Date: _____

1. PERSONAL INFORMATION

Last Name	First Name	Middle Name / Initial	
Street Address		Apt / Unit #	
City	State	ZIP Code	How Long at Address?
Home / Cell Phone	Alternate Phone	Email Address	
Date of Birth (MM/DD/YYYY)	Social Security Number	Are you 18 years or older?	
		☐ Yes ☐ No	

Have you ever worked for this company before? ☐ Yes ☐ No If yes, dates: _____ Position: _____

Do you have any relatives employed by this company? ☐ Yes ☐ No If yes, name & relationship: _____

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Will you now or in the future require sponsorship for employment visa status? ☐ Yes ☐ No

2. EMERGENCY CONTACT

Full Name	Relationship	Phone Number

3. AVAILABILITY & SCHEDULE

Desired employment: ☐ Full-Time ☐ Part-Time ☐ Temporary / Seasonal ☐ On-Call

Date available to start: _____ Desired salary / wage: \$ _____ per _____

Are you available for on-call / emergency response (nights, weekends, holidays)? ☐ Yes ☐ No

Can you work overtime when required? ☐ Yes ☐ No

Days / hours you are available (list any restrictions): _____



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4. EMPLOYMENT HISTORY

List your last three (3) employers, starting with the most recent. Include any military service. Attach additional pages if needed.

Employer 1 (Most Recent)

Company Name

From (Mo/Yr)

To (Mo/Yr)

Job Title

Supervisor Name & Phone

May we contact? ☐ Yes ☐ No

Duties / Responsibilities: _____

Reason for Leaving: _____

Were you subject to DOT regulations (CDL / safety-sensitive) in this position? ☐ Yes ☐ No

Employer 2

Company Name

From (Mo/Yr)

To (Mo/Yr)

Job Title

Supervisor Name & Phone

May we contact? ☐ Yes ☐ No

Duties / Responsibilities: _____

Reason for Leaving: _____

Were you subject to DOT regulations (CDL / safety-sensitive) in this position? ☐ Yes ☐ No

Employer 3

Company Name

From (Mo/Yr)

To (Mo/Yr)

Job Title

Supervisor Name & Phone

May we contact? ☐ Yes ☐ No

Duties / Responsibilities: _____

Reason for Leaving: _____

Were you subject to DOT regulations (CDL / safety-sensitive) in this position? ☐ Yes ☐ No

5. EDUCATION & TRAINING

School / Institution	City, State	Degree / Diploma / Major	Graduated?
High School			☐ Yes ☐ No
College / University			☐ Yes ☐ No
Trade / Technical / Other			☐ Yes ☐ No

Relevant Certifications (check all that apply or list others):

- ☐ IICRC – Water Damage Restoration (WRT)
- ☐ IICRC – Applied Structural Drying (ASD)
- ☐ IICRC – Fire & Smoke Restoration (FSRT)
- ☐ IICRC – Mold Remediation (AMRT) or equivalent
- ☐ OSHA 10 / OSHA 30
- ☐ Other (list): _____



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6. DRIVING RECORD & DOT COMPLIANCE

Our company operates DOT-regulated commercial vehicles. All applicants who may operate company vehicles must complete this section fully and accurately. False or incomplete information may result in disqualification or termination.

Driver's License Information

Driver's License Number	State of Issuance	Expiration Date
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License Class / Type: ☐ Class A (CDL) ☐ Class B (CDL) ☐ Class C / Regular ☐ Other: _____

Do you currently hold a valid Commercial Driver's License (CDL)? ☐ Yes ☐ No

CDL Endorsements (if any): ☐ Hazardous Materials ☐ Tanker ☐ Passenger ☐ Double/Triple ☐ Other: _____

Do you have a current DOT Medical Examiner's Certificate? ☐ Yes ☐ No Expiration date: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ Yes ☐ No

Has any license, permit, or privilege ever been suspended or revoked? ☐ Yes ☐ No

If yes to either question above, explain fully: _____

Accident & Violation History (Last 3–5 Years)

List all accidents (regardless of fault) and all moving violations / traffic citations in the past 3 years (or 5 years if applying for CDL positions). Attach extra sheets if necessary.

Date	Type (Accident / Violation)	Location (City, State)	Description / Outcome / Injuries

☐ I have had no accidents or moving violations in the past 3–5 years.

Previous DOT / Safety-Sensitive Employers

List any employer in the past 3 years for whom you operated a commercial motor vehicle subject to DOT regulations. We are required to contact these employers regarding your safety performance history.

1. Company: _____	Dates: _____ to _____	Phone: _____
2. Company: _____	Dates: _____ to _____	Phone: _____
3. Company: _____	Dates: _____ to _____	Phone: _____

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test for an employer that did not hire you in the past 3 years? ☐ Yes ☐ No

If yes, explain: _____



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7. ADDITIONAL INFORMATION

Have you ever been convicted of a felony or misdemeanor (other than minor traffic violations)? ☐ Yes ☐ No

A conviction will not necessarily disqualify you from employment. We evaluate each case individually.

If yes, please explain (nature of offense, date, location, disposition): _____

Do you have any physical, mental, or medical condition that would prevent you from performing the essential functions of the job (with or without reasonable accommodation)? ☐ Yes ☐ No

If yes, please describe: _____

How did you hear about this position? ☐ Job Board ☐ Referral ☐ Company Website ☐ Other: _____

8. PROFESSIONAL REFERENCES

List three professional references (not relatives) who can speak to your work experience and character.

Name	Company / Relationship	Phone / Email	Years Known

9. APPLICANT CERTIFICATION & AUTHORIZATION

I certify that all information provided in this application and any accompanying documents is true, complete, and correct to the best of my knowledge. I understand that any false statement, omission, or misrepresentation may result in refusal of employment or, if already employed, immediate termination.

I authorize AAA Dry Foam Professional Cleaning, Inc. to investigate my background, including but not limited to: employment history, education, criminal records, credit (where permitted by law), and motor vehicle records (MVR). I specifically authorize the company to obtain my driving record from the state DMV and to contact previous employers regarding my safety performance history as required by DOT regulations (49 CFR Part 391).

I understand that any offer of employment is contingent upon successful completion of a background check, motor vehicle record check, drug and/or alcohol testing (including pre-employment DOT drug test if applicable), and verification of my eligibility to work in the United States.

I understand that this application is not a contract of employment. If hired, my employment will be at-will, meaning either the company or I may terminate the employment relationship at any time, with or without cause or notice, except as otherwise provided by law or written agreement.

I have read, understand, and agree to the above statements.

Applicant Signature

Date

Print Name: _____

AAA Dry Foam Professional Cleaning, Inc. is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, genetic information, veteran status, or any other protected characteristic under applicable federal, state, or local law.