

Employment Application 9-2019

An Equal Opportunity Employer

CleanersAPPLICANT NOTE: We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. Please print. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

lave you ever applied he Vere you ever employed	ra bafara?		110	day's Date: How were you referred to D					ners?_	
Vere you ever employed	ere perore: C	Yes O	No. If	yes, whe	n?					_
	here? O Yes	s O No.	If yes,	when?_						_
ob Applying for: O Cour	nter O Shirt	Presser	O Pant	Presser (O Silk F	nisher C	Driver	O Asser	nbler O	Manager O Office O Othe
ocation(s) you are apply	ring for:									
are you willing to travel t	to other bran	ches? C	Yes O	No. If y	es, whe	e? O Do	wntowr	O Nort	th O So	outheast O Other
Are you seeking:	Indicate	Day	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	When can you start?
O Full-time	your days	From								7
O Part-time O Temporary work	& hours of availability	То:								
Home Address:(City)							_	(State)		(Zip)
(Primary)			(Secondary)					(Other)		
Are you 16 years of ag	e or older?	Yes C	No (If	hired, you	u may be	required	to submi	t proof of	age)	
Social Security Number	er:			(If hired	d, can yo	u submit µ	proof you	ı are eligi	ble to wo	ork in the U.S.? O YesO No)
Have you been known	under any o	ther na	mes? O	Yes O	No. If Ye	es, give na	mes:			
************	******	******	*****	*****	******	*****	*****	*****	*****	*******
For driving jobs only:	Do you have	a valid	driver's	license?	O Yes	O No.				
	se Number:_					_	Class	of Licens	e	
Driver's Licens			ellenar	nded or r	evoked	in the las	t 3 voar	2 O Va	- O NI-	
Driver's Licens Have you had	your driver's	s license	susper	iaca oi i	CVORCG		ot 5 year	s: O re:	s O NO	

EDUCATION Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

Type of School	City/State	Graduated?	Degree/Area of Study?
High School		O Yes O No	
College		O Yes O No	
Graduate School		O Yes O No	
Other		O Yes O No	

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company._____

EMPLOYMENT HISTORY

Please note your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, *the correct telephone numbers of past employers are critical*. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

From To Dates Employed Your Job Title Supervisor's Name List Major Job Duties Per Salary (hour, week, month) Reason for Leaving From To Dates Employed Your Job Title Supervisor's Name Phone: () State From To Dates Employed Your Job Title Supervisor's Name Per Salary (hour, week, month) Reason for Leaving THIRD MOST RECENT EMPLOYER Per Salary (hour, week, month) Reason for Leaving THIRD MOST RECENT EMPLOYER City State State State State Supervisor's Name City State State State Supervisor's Name	MOST REC	ENT EMPLOYER	Phone: ()				
From To Dates Employed Your Job Title Supervisor's Name List Major Job Duties Per Salary (hour, week, month) Reason for Leaving From To Dates Employed Your Job Title Supervisor's Name Phone: () State From To Dates Employed Your Job Title Supervisor's Name Per Salary (hour, week, month) Reason for Leaving THIRD MOST RECENT EMPLOYER Per Salary (hour, week, month) Reason for Leaving THIRD MOST RECENT EMPLOYER City State State State State Supervisor's Name City State State State Supervisor's Name	Are you curren	tly working for this emp	loyer? O Yes O No. It	f yes, may we o	contact? O Yes O No		
Dates Employed Your Job Title Supervisor's Name List Major Job Duties Per Salary (hour, week, month) Reason for Leaving SECOND MOST RECENT EMPLOYER Company Name City State From To Dates Employed Your Job Title Supervisor's Name List Major Job Duties Per Salary (hour, week, month) Reason for Leaving THIRD MOST RECENT EMPLOYER Phone: () Phone: () Company Name City State From To Dates Employed Your Job Title Supervisor's Name	Company Name			City		State	
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Per Salary (hour, week, month) Reason for Leaving Phone: ()	Dates Employed		Your Job Title		Supervisor's Name		
Salary (hour, week, month) Reason for Leaving Phone: () Company Name City State From To Dates Employed Per Salary (hour, week, month) Reason for Leaving Per Salary (hour, week, month) Reason for Leaving THIRD MOST RECENT EMPLOYER Company Name City State Phone: () Supervisor's Name City State Supervisor's Name	List Major Job Du	uties					
SECOND MOST RECENT EMPLOYER Company Name To Dates Employed Per Salary (hour, week, month) Reason for Leaving THIRD MOST RECENT EMPLOYER City State Phone: ()		Per					
Company Name City State From To Dates Employed Your Job Title Supervisor's Name List Major Job Duties Per Salary (hour, week, month) Reason for Leaving THIRD MOST RECENT EMPLOYER Phone: () Company Name City State From To Dates Employed Your Job Title Supervisor's Name	Salary	(hour, week, month)	Reason for	Leaving			
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Dates Employed Your Job Title Supervisor's Name Per Salary (hour, week, month) Reason for Leaving THIRD MOST RECENT EMPLOYER Company Name City State From To Dates Employed Your Job Title Supervisor's Name	Company Name			City		State	
List Major Job Duties Per	From	То					
Salary (hour, week, month) Reason for Leaving THIRD MOST RECENT EMPLOYER Company Name City State From To Dates Employed Your Job Title Supervisor's Name	Dates Employed		Your Job Title		Supervisor's Name		
Salary (hour, week, month) Reason for Leaving Phone: () Company Name City State From To Dates Employed Your Job Title Supervisor's Name	List Major Job Du	uties					
THIRD MOST RECENT EMPLOYER Company Name City State From To Dates Employed Your Job Title Supervisor's Name		Per					
Company Name City State From To Dates Employed Your Job Title Supervisor's Name	Salary	(hour, week, month)	Reason for	Leaving			
From To Dates Employed Your Job Title Supervisor's Name	THIRD MOS	ST RECENT EMPL	OYER		Phone: ()		
Dates Employed Your Job Title Supervisor's Name	Company Name			City		State	
Dates Employed Your Job Title Supervisor's Name	_	_					
		To	Your Job Title		Supervisor's Name		
	20130 Employed		. 301 005 1100		Supervisor & Harris		
List Major Job Duties	List Major Job Du	uties					

Have you ever been fired from a job or asked to resign? OYesO No. If yes, please explain:

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

- I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify
 me from further consideration for employment and may result in my dismissal if discovered at a later date.
- I understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.
- I authorize the investigation of any or all statement contained in this application and also authorize any person, school, current employer (except as previously
 noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring
 decision. I release such persons and organizations from any legal liability in making such statements.
- I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical
 examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am
 applying.
- I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required.
- I understand and that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. I have read, understand, and by my signature consent to these statements.

Signature:	Date:	