

Employment Application

An Equal Opportunity Employer

APPLICANT 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.

oday s Date	oday's Date:				How were you referred to Dependable Cleaners?					
lave you ever applied he	ere before? O	Yes O	No. If y	es, when	1?					
Vere you ever employed	d here? O Yes	O No.	If yes, v	vhen?						
ob Applying for: O Cour	nter O Shirt P	resser C	Pant P	resser O	Silk Fin	sher O	Oriver O	Assemble	er OMar	nager O Office O Other
ocation(s) you are apply	ying for:									
are you willing to travel to	o other branch	nes? O	es O N	o. If yes	, where?	O Down	town O	North O	Southe	ast O Other
→ Full-time	Indicate your days &	Day From	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	When can you start?
	hours of availability	To:								
Name:										
(City))							(State)		(Zip)
Telephone:							_			
(Primary)			•	(Second	• •		_	(Other)		
-	ge or older?	O Yes	O No <i>(It</i>	•	• •	required to	 o submit p	` '		
(Primary)				hired, you	u may be			oroof of age	e)	the U.S.? O YesO No)
(Primary) Are you 16 years of a	per:			hired, you(If hired	u may be I, can you	submit pr	oof you a	oroof of age	e) to work in	
(Primary) Are you 16 years of a Social Security Numb Have you been known	oer:under any oth	er name	s? O Ye	i hired, you (If hiredess O No.	u may be	submit pr	oof you a	roof of age	e) to work in	
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(Primary) Are you 16 years of an Social Security Numb Have you been known Have you ever been co	oer: under any oth onvicted of any cally disqualify ye	er name y law viol	as? • Ye	I hired, you (If hired es O No. the past	u may be d, can you If Yes, (seven ye ta will be	submit progression submit progre	oof you a	oroof of age	e) to work in	O Yes O No
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(Primary) Are you 16 years of any Social Security Numb Have you been known Have you ever been co If Yes, give details A Yes does not automatic For driving jobs only:	oer: under any oth onvicted of any cally disqualify you : Do you have use Number:	er name y law viol ou from e	as? O Yealation in mployme	I hired, you (If hired es O No the past a int; this dat ficense?	u may be I, can you If Yes, g seven ye ta will be	submit progression submit progre	s:	oroof of age re eligible in or traffic vio	e) to work in plation)? (nd time s	O Yes O No ince last conviction.
(Primary) Are you 16 years of an Social Security Numb Have you been known Have you ever been could yell yes, give details A Yes does not automatic For driving jobs only: Driver's License	under any other onvicted of any cally disqualify your base Number:	er name / law viol ou from e a valid o	as? O Yearlation in mployme driver's lieuspende	I hired, you (If hired es O No the past a int; this da icense? C	u may be d, can you If Yes, g seven ye ta will be O Yes Co	submit progression submit progre	s:ept a mino or job-rela Class years?	or traffic vio	e) to work in plation)? (nd time s	O Yes O No ince last conviction.
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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

MOST RI	ECENT EMPLOYER		Phone: ()		
Are you curr	ently working for this employ	ver? O Yes O No. If yes, r	may we contact	? O Yes O No	
Company Nar	me		City		State
From	То				
Dates Employ	ed	Your Job Title		Supervisor's Name	
ist Major Job	Duties				
	Per				
Salary	(hour, week, month)	Reason for Leaving			
SECONE) MOST RECENT EN	IPLOYER		Phone: ()	
Company Nar	me		City		State
rom	То				
Dates Employ	red	Your Job Title		Supervisor's Name	
_ist Major Job	Duties				
	Per				
Salary	(hour, week, month)	Reason for Leaving			
THIRD M	OST RECENT EMPL	LOYER		Phone: ()	
Company Nar	ne		City		State
From	То				
Dates Employ	red	Your Job Title		Supervisor's Name	
_ist Major Job	Duties				
	Per				
Salary	(hour, week, month)	Reason for Leaving			

- 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 be ese

	any definite period of time. If employed, I understand that I have been terminated at any time, with or without cause and with or without notice. statements.	1 , , , , ,	,
Signature	e:	Date:	