

Application For Employment

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below
2. Complete all sides of this application.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly: incomplete or illegible applications will not be process. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.

APPLICANT NOTE

This application form is intended for us in evaluating your qualifications for employment. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

**QUALITY Customer Care
REQUIRES
QUALITY Employees!**

Comments: _____

APPLICANT INFORMATION

Today's Date: _____

Position Applied for: _____

Name: _____

Social Security Number: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Current Address: _____

City _____ State _____ Zip: _____

Prior Address: _____

City: _____ State _____ Zip: _____

AVAILABILITY

What date can you start? _____

What category would you prefer?

- Full Time Part Time Temporary On Call

For which schedules are you available?

- Weekdays Weekends Evenings Night Overtime

Shift Other _____

What hours are you available? _____

JOB-RELATED SKILLS

Note: do not fill out any part of this section you believe to be non-job related

YES NO

- If the job requires, do you have the appropriate valid drivers license?

Name on license _____

DL # _____ Type _____ State of Issue _____

- Have you ever had any moving violations within the last seven years? Please subscribe: _____

Please list any other skills, licenses or certifications that may be job-related or that you feel would be a value to this job or company: _____

- Have you been given a job description or had the essential functions of the job explained to you?

- Do you understand these essential functions?

- Can you perform the essential functions of this job with or without reasonable accommodation?

GENERAL QUESTIONS

1. What are your short range plans for the next 1 to 2 years? _____

2. Where do you see yourself in 5 years? _____

3. What hobbies do you enjoy? _____

4. How long will you need this job?
 3 months 6 months 1 year 2 years 3 years 5 years +
Please explain your choice: _____

5. Have you ever worked at a routine, production type job? YES No
If yes , where, and what did you do? _____

6. Have you ever worked in a uniform service job? YES No
If yes, where, and what did you do? _____

7. Please list one personal strength that you are proud of and how it helps you.
Strength _____
The benefit _____
8. Please list one personal weakness that you are proud of and how it helps you.
Weakness _____
The correction _____
9. What was your greatest accomplishment at your previous employment? _____

10. On what issue do you disagree with your current boss most often? _____

11. Can you work weekends if needed? YES No
12. What would your last employer rate your ability to cope with last minute changes?
 Excellent Good Fair Poor
13. Would your last employer rehire you? YES No
14. On your last job, what would your next promotion have been: _____

15. What is your hourly rate expectation at the job you are being hired for?
 \$7.00 \$8.00 \$9.00 \$10.00 \$12.00 \$14.00 \$16.00+
16. What is your annual gross wages expectation for the job you are being hired for?
 \$0 to \$5,000 \$5,000 to \$10,000 \$10,000 to \$15,000 \$15,000 to \$20,000
 \$20,000 to \$25,000 \$25,000 to \$30,000 \$30,000 + Other _____

PREVIOUS EMPLOYERS

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 number of past employers are critical. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact? If no, why? _____

Company Name _____
City _____ State _____ Zip _____
Dates Employed: From _____ To _____ Job Title _____
Supervisor's Name _____ Duties _____
Salary _____ per hour week month Other _____
Reason for leaving _____

NEXT MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact? If no, why? _____

Company Name _____
City _____ State _____ Zip _____
Dates Employed: From _____ To _____ Job Title _____
Supervisor's Name _____ Duties _____
Salary _____ per hour week month Other _____
Reason for leaving _____

NEXT MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact? If no, why? _____

Company Name _____
City _____ State _____ Zip _____
Dates Employed: From _____ To _____ Job Title _____
Supervisor's Name _____ Duties _____
Salary _____ per hour week month Other _____
Reason for leaving _____

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

EDUCATION

Please circle highest grade completed 7 8 9 10 11 12 College 1 2 3 4 Grad School 1 2 3 4

If your school records are under a different name than listed on page 1, please enter name

NAME	City/State	YEAR GRAD.	DEGREE?
1.			
2.			
3.			

MATH TEST

USE SPACE BELOW TO FIGURE PROBLEMS (Do not add tax)

1. A customer has two C.O.D invoices. One totals \$ 14.93 and one totals \$18.67.
The customer gives you a fifty dollar bill. What is the correct change? _____
2. A customer has 5 items cleaned at \$1.65 each and another item cleaned at a cost of \$6.40.
The customer gives you two ten-dollar bills and 70¢. What is the correct change? _____
3. A customer has 6 shirts laundered at 99¢ per shirt. He gives you a ten dollar bill and 95¢.
What is the correct change? _____
4. A customer has two coveralls cleaned at \$9.10 each and 4 pants cleaned at \$3.20 per pant.
The customer gives you two twenty-dollar bills and four quarters. What is the correct change? _____

USE THIS SPACE FOR YOUR CALCULATIONS OF THE PROBLEMS. WRITE THE ANSWER IN THE SPACE AT THE END OF THE QUESTION.

EMERGENCY CONTACT

Name _____ Address _____ Phone _____

SECURITY

List states and counties of residence for the past seven years: _____

YES NO

Have you used any names or Social Security Numbers other than given above? If so, please list.

Have you ever been convicted of a crime in the past seven years? If so, please describe in boxes below. (Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time off the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		
3.		

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in the application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents to verify any of this information, including consumer credit reporting bureau and Workers Compensation reports. I indemnify all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature _____ Date _____

FOR OFFICE USE ONLY...

_____ Person receiving application _____

Date received _____ Comments _____

TEST SCORE _____ INTERVIEW DATE _____

INTERVIEWED Yes No INTERVIEWED BY _____

Hired Yes No
Starting Wage \$ _____
Date of Reporting to Work ____/____/____

Work References: _____