

# STAY CLEAN SOLUTIONS

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date of Birth	Social Security No.	Desired Salary	
Date Available	Position Applied for		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I hereby authorize Stay Clean Solutions to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Stay Clean Solutions will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.</p>	
Signature	Date

**Additional Information**  
***Please Complete This Section***

1. Do you have any disabilities that would prevent you from completing the assigned job description successfully? If yes, please explain:

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2. Do you have any reactions to any cleaning chemicals or materials? If yes, please explain:

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3. Do you have your own transportation/own vehicle? \_\_\_\_\_

4. Is your vehicle insured? \_\_\_\_\_ Name of insurance company: \_\_\_\_\_

5. What are the make, model and year of your vehicle? \_\_\_\_\_

6. What is your license plate # \_\_\_\_\_

7. Do you have a valid driver's license? \_\_\_\_\_ If not, please explain:

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8. What is your driver's license number? \_\_\_\_\_ What State? \_\_\_\_\_

9. Do you have a restricted driver's license? If so, please explain why:

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10. Is your license from the State of Michigan? \_\_\_\_\_ If not, from what state? \_\_\_\_\_

11. Have you ever been convicted of a crime/arrested? \_\_\_\_\_ If so, please explain:

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12. What geographical area are you willing to drive? What radius? (5 miles, 10 miles, etc)

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13. Any geographical area you are not willing to drive? If so, please list locations:

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14. What major cross streets do you reside? \_\_\_\_\_

15. Are you available to work days, afternoons, nights or weekends? Please circle appropriate choice/choices.

16. Are you available to work ,

FULL TIME	PART TIME
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Please circle appropriate choice/choices

17. Are there any obstacles that would restrict you from coming to work every day/night and being on time? If so, please explain:

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18. How many years of experience do you have in this field of work? \_\_\_\_\_

Explain job duties? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. What types of equipment are you familiar with? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Why do you think that Stay Clean Solutions should select you? Please give a brief description of yourself describing your personality, short-term goals and long-term goals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Please list hours for each day you are available for work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

# **AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_