



Application for Employment

EQUAL OPPORTUNITY EMPLOYER

DATE _____

NAME(LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
() PHONE NO.	REFERRED BY		
MODE OF TRANSPORTATION			

SPECIFIC SKILLS/TRAINING

EDUCATION HISTORY

FOR WHAT POSITION ARE YOU APPLYING	DO YOU HAVE EXPERIENCE Y ____ N ____
<input type="checkbox"/> CSR	IF YES HOW LONG _____
<input type="checkbox"/> CLEANER/SPOTTER	SALARY DESIRED _____
<input type="checkbox"/> DRY CLEAN PRESSER	ARE YOU EMPLOYED ? Y ____ N ____
<input type="checkbox"/> LAUNDRY DEPT.	EVER APPLIED TO THIS COMPANY BEFORE?
<input type="checkbox"/> LAUNDRY PRESSER	Y ____ N ____
<input type="checkbox"/> ROUTE SALES	
<input type="checkbox"/> JANITORIAL	
<input type="checkbox"/> ADMINISTRATIVE	
DATE YOU CAN START _____	

PLEASE LIST ALL SKILLS AND OR TRAINING THAT APPLY TO THE JOB FOR WHICH YOU ARE APPLYING.

NAME AND LOCATION OF SCHOOL SUBJECTS STUDIED	YEARS ATTENDED	DID YOU GRADUATE
HIGH SCHOOL _____		
COLLEGE _____		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL _____		
US MILITARY _____		

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

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 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. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act. (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

_____ **DO NOT WRITE BELOW THIS LINE** _____

INTERVIEWED BY _____ DATE _____

- CHEERFUL DISPOSITION
- ABILITY TO REACH OVER HEAD
- ABILITY TO LIFT AND CARRY UP TO 25 LBS
- ABILITY TO STAND ON FEET ALL DAY
- SKILLS TO MAKE CHANGE
- GOOD COMMUNICATION SKILLS
- COMPUTER SKILLS
- EXPERIENCE PREFERRED FOR PRESSER POSITIONS
- WILLINGNESS TO SUBMIT TO A BACKGROUND CHECK AND OR DRUG TEST
- WILLINGNESS TO WEAR A UNIFORM OR CONFORM TO A DRESS CODE
- FOR DRIVER POSITION A CURRENT DMV PRINT OUT

SALARY _____

START DATE _____

HIRED _____

DEPT. _____