APPLICATION FOR EMPLOYMENT

Dan Plautz Cleaning Service, Inc.

Name	9
Date_	
	Please indicate the position(s) for which you wish to be considered. Applicants are considered only for specific positions. (do not list "any")
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DATE: POSITION APPLIED FOR: Referred by: Date Available for Work: TSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given throrough consideration for the position(5 for which you have applied to ponemployment, this applications (Cleaning Service, Inc. does not does it provide the position of the construction of the position of the position of the construction of the position of the position of the construction of the position of the position of the construction of the position of the construction of the position of the construction of the position of the posithe position of the position of the positio	Referred by:	very item on this fo d and you will be g ome part of your pe red to supply any in Service, Inc. does	Date Date Date Date Date Date Date Date	Available for Work:	Please print and use a pen.
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Street Box City ST Zip Cell/Digital Phone E-Mail Address @ If younger than 21, state your age here Are you legally entitled to work in the United States?** g ves n a **Compliance with 1-9 requirements is mandatory, upon employment If convicted of a crime(s), explain here: O No convictions (A criminal conviction may or may not prohibit you from employment) No convictions Have you ever applied for employment with Dan Plautz Cleaning Service, Inc. before? g ves no If yes, state month and year of application: Month Year Do you have reliable transportation? g ves no Please list the name and phone number of a person that may be contacted in the event of an emergency. Name: Phone: Relationship: EDUCATION If no, last grade completed Grade Point Average Degree Did you graduate? If no, number of hours completed Grade Point Average Degree Did you graduate? If no, number of hours completed Grade Point Average Degree Did you graduate? If no, number of hours completed Grade Point Average Degree Did you graduate? If no, number of hours completed Grade Point Average Degree	First M.I.	Last		5 -	
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If younger than 21, state your age here	Street	Box	City	ST	Zip
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<pre>(A criminal conviction may or may not prohibit you from employment) Have you ever applied for employment with Dan Plautz Cleaning Service, Inc. before? yes no If yes, state month and year of application: Month Year Do you hold a valid Wisconsin Drivers License? yes no Do you have reliable transportation? yes no Please list the name and phone number of a person that may be contacted in the event of an emergency. Name: Phone: Relationship: EDUCATION High School (Name and Address) Old you graduate? If no, last grade completed G.E.D. Obtained? Grade Average Old graduate? If no, number of hours completed Grade Point Average Degree Minor If attending, date of graduation Other Education License(s), including the state of issue and the number:</pre>			Are you legally e	ntitled to work in the U	nited States?** yes no
If yes, state month and year of application: Month Year Do you hold a valid Wisconsin Drivers License? □ yes □ no Do you have reliable transportation? □ yes □ no Please list the name and phone number of a person that may be contacted in the event of an emergency. Name: Phone: Relationship: EDUCATION High School (Name and Address) Colleges (Name and Address) Colleges (Name and Address) Colleges (Name and Address) Colleges (Name and Address) Did you graduate? If no, last grade completed G.E.D. Obtained? Grade Average Colleges (Name and Address) Colleges (Name and Address) Did you graduate? If no, number of hours completed Grade Point Average Degree License(s), including the state of issue and the number:				□ N	No convictions
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GENERAL EMPLOYMENT INFORMATION
1. List here all of the equipment with which you have experience and training. (*Examples: cash register, small tools, forklift, word processor, calculator, computers, etc.*):

		II 900, 5td	te location prei	erred	11 10	□ No preference
5. Salary Expecte	edhou	r or weel	k Number of ho	urs you are avail	able per week?	$_$ \Box No preference
1. Type of work						
5. Which of the f	ollowing are you	available: Da	iys: \Box yes \Box no	Nights: \Box yes	□ no weeke	nds: \Box yes \Box no
		He	olidays: 🗆 yes 🗆	no no	Shift V	Vork: □ yes □ no
5. Indicate hours	vou are availabl	e to work on the	following days	(or check Anyti	me, if you have	no restrictions):
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						to
□ Anytime	□ Anytime	□ Anytime	□ Anytime	□ Anytime	□ Anytime	□ Anytime
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	\Box yes \Box no \Box do		ai functions of	the job for which	i you are appryr	ng, menuang traver,
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. Are you currer	itly under a non-	-compete agreen	ient that will pr	event you from v	working for any	business in our industry?
\Box yes \Box no	o If yes, please e	xplain and list tr	ie date the agree	ement expires:		
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		act information of three reference pplying. We are seeking business		ttest to your knowledge, skill and ability to rences, not personal references.
1. 1	Name:	Phon	e No. (_)
	Employer:	Location:		Position:
2. 1	Name:	Phon	e No. (_)
Ι	Employer:	Location:		Position:
3. 1	Name:	Phon	e No. (_)
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	native Dispute Resolution, un derstand and accept all terms a	ess prohibited by law. nd conditions in the above statement	:	
DATE	SIGNA	TURE		

CONSUMER REPORT DISCLOSURE NOTIFICATION

I, _____, acknowledge that I have been informed that pursuant to my application / employment with Dan Plautz Cleaning Service Inc., an investigative consumer report which may include employment, professional and / or personal references, criminal background checks and education verification as well as public record information, may be prepared and by my signature below hereby authorizes the preparation of this report.

I understand that if this report is used as a basis for adverse action that I will be informed, and further, that I have the right to contact Personnel Evaluation, Inc. at the following address: 11138 W. Greenfield Avenue, Milwaukee, WI 53214. The agency that will provide a free copy of my consumer report can be reached toll free at 1-888-734-2727.

NOTICE: The consumer reporting agency that provides this report will not be a party to any decision to take adverse action and will be unable to provide the specific reason(s) why the adverse action was taken. This notice is provided under the provisions of the Fair Credit Reporting Act (15 U.S.C.S 1681). A complete explanation of your rights under the Act may be obtained by referring to the Federal Status. You may have additional rights under applicable State Law.

For background checking purposes only, please provide the following information:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

PLEASE LIST ANY OTHER NAMES THAT MAY BE ASSOCIATED WITH YOUR SCHOOL, **EMPLOYMENT, OR OTHER RECORDS AND THE YEARS USED:**

PLEASE LIST EACH PLACE WHERE YOU HAVE LIVED OR WORKED IN THE PAST TEN YEARS:

Years FROM -TO	CITY	COUNTY	STATE

SIGNATURE: DATE: