

APPLICATION FOR EMPLOYMENT

Dan Plautz Cleaning Service, Inc.

Name _____

Date _____

Please indicate the position(s) for which you wish to be considered. Applicants are considered only for specific positions. (do not list "any")

1. _____

2. _____

3. _____

APPLICATION FOR EMPLOYMENT

DATE: _____

POSITION APPLIED FOR: _____

Referred by: _____

Date Available for Work: _____

INSTRUCTIONS: 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 thorough consideration for the position(s) for which you have applied. Upon employment, this application will become part of your permanent record at Dan Plautz Cleaning Service. Keep this in mind as you complete it. *Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. Dan Plautz Cleaning Service, Inc. does not discriminate on the basis of race, color, religion, gender, national origin, pregnancy, marital status, citizenship, age, disability, veteran status, or any other legally protected class. You may request assistance in completing this application.*

PERSONAL

Name _____ Social Security Number _____
First M.I. Last

Telephone Number: () _____ Cell phone Number: () _____

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? ** yes no
**Compliance with I-9 requirements is mandatory, upon employment

If convicted of a crime(s), explain here: _____ No convictions
(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) _____

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 _____

Major _____ Minor _____ If attending, date of graduation _____

Other Education _____

License(s), including the state of issue and the number: _____

MILITARY not applicable

List service in U.S. Military: From _____ to _____ Branch _____

Rank at Discharge _____ Military experience that may be applicable to working here _____

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.): _____

2. Are you willing to relocate? _____ If yes, state location preferred _____

3. Salary Expected _____ hour _____ or week Number of hours you are available per week? _____ No preference

4. Type of work sought: regular full time regular part time temporary seasonal as needed

5. Which of the following are you available: **Days:** yes no **Nights:** yes no **Weekends:** yes no

Holidays: yes no

Shift Work: yes no

6. Indicate hours you are available to work on the following days (or check *Anytime*, if you have no restrictions):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
to to to to to to to
 Anytime Anytime Anytime Anytime Anytime Anytime Anytime

7. Are you able and willing to perform the essential functions of the job for which you are applying, including travel, if necessary? yes no don't know

•If no, indicate reason: need different hours need different days need more training change in duties

Other, (explain accommodation needed:) _____

8. Are you currently under a non-compete agreement that will prevent you from working for any business in our industry?

yes no If yes, please explain and list the date the agreement expires: _____

EXPERIENCE: List below all present and past employment, beginning with your most recent employer

1. Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____ Supervisor _____
Job Title _____ Reason for Leaving: Quit Discharge Retired
Dates Employed _____ to _____ Laid Off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____

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2. Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____ Supervisor _____
Job Title _____ Reason for Leaving: Quit Discharge Retired
Dates Employed _____ to _____ Laid Off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____

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3. . Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____ Supervisor _____
Job Title _____ Reason for Leaving: Quit Discharge Retired
Dates Employed _____ to _____ Laid Off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____

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4. . Employer _____ Starting Salary _____ per hour or week
Address _____ Last Salary _____ per hour or week
Kind of Business _____ Supervisor _____
Job Title _____ Reason for Leaving: Quit Discharge Retired
Dates Employed _____ to _____ Laid Off Why? _____
For Job Reference, call _____ at _____
 Please do not contact this employer. Why not? _____

In the following space, please describe how our company will benefit from your work

here.

Please list the name, address and contact information of three references who can attest to your knowledge, skill and ability to perform the work for which you are applying. We are seeking business related references, not personal references.

1. Name: _____ Phone No. (_____) _____

Employer: _____ Location: _____ Position: _____

2. Name: _____ Phone No. (_____) _____

Employer: _____ Location: _____ Position: _____

3. Name: _____ Phone No. (_____) _____

Employer: _____ Location: _____ Position: _____

IMPORTANT NOTICE

**Please enclose a copy of two forms of Identification on a separate piece of paper. This should be a valid picture ID or Drivers License and Social Security Card*

**Please complete and return a copy of the attached I9 Form*

CONDITIONS OF EMPLOYMENT

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at-will, and that this application is not a contract of employment with Dan Plautz Cleaning Service, Inc, and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either Dan Plautz Cleaning Service, Inc, or me. I understand that no representative of Dan Plautz Cleaning Service, Inc, has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of Dan Plautz Cleaning Service, Inc, may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and the President of Dan Plautz Cleaning Service, Inc.
- V. This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.
- VI. Upon separation of employment, I authorize Dan Plautz Cleaning Service, Inc, to withhold from my final pay check any monies owed to them by me (if not prohibited by law) for equipment, loans, products, services, materials or other assets in my possession not promptly returned or repaid as agreed.
- VII. As a condition of employment, I accept that any complaint or conflict that cannot be resolved internally may be referred to Alternative Dispute Resolution, unless prohibited by law.

I fully understand and accept all terms and conditions in the above statement

DATE _____ **SIGNATURE** _____

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: _____