

EMPLOYMENT APPLICATION

				Ι	Date:
Name:			SSN:		
Address:				Over 18 y	vears of age? □Yes □ No
	State:	Zip) <u> </u>	State: Expiratio	clicense #
Address (past 3	years):			How Long?	
	et) (City) (State & Zi	p Code)		How Long?	
	et) (City) (State & Zi			How Long?	
(Stree	et) (City) (State & Zi	p Code)			
Home Phone:			Pger:		
Cell Phone:			_ Alt.Phone:		
	MERGENCY contac			Phone:	
Relationship:					
Employment Des	sired				
Position desired:		Date you	ı can start		Salary Desired
Employed Now?	Yes No	<u> </u>	If yes, may we c	ontact present employ	er? Yes No
Ever applied to C	lean-Co before? Yes	No	When?		Where?
			1		1

Education

High School/City & State	No. Years	Did you graduate?	Major Subjects
		Yes No	
College/city & State	No. Years	Did you graduate?	Degree or Courses
		Yes No	
Trade, Business or Correspondence School	No. Years	Did you graduate?	Degree or Courses
		Yes No	
		Yes No	

ALL APPLICANTS

- EMPLOYMENT HISTORY (attach sheet if more space is needed)

Month a	nd Year	Company Name City, State	Phone & Name	Position	Salary	Reason for leaving
From						
To						
From						
To						
From						
To						

NOTE: For all CDL Applicants DOT Requires That Employment for at least 3 years and/or Commercial Driving Experience for the Past 10 Years Be Shown. All other applicants complete history for past 7 years.

Please list all skills, training and certifications that you have received:

Date Rcvd	Where/by Whom Certified	Subject (Craft or Skill)

<u>CDL APPLICANTS ONLY TO COMPLETE THE FOLLOWING:</u>

DRIVING EXPERIENCE

CLASS OF	TYPE OF			APPROX. NO. OF
EQUIPMENT	EQUIPMENT (VAN,	DATE FROM	DATE TO	MILES (TOTAL)
	TANK, FLAT, ETC.)			
STRAIGHT TRUCK				
TRACTOR AND				
SEMI-TRAILOR				
TRACTOR – TWO				
TRAILERS				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

THE CHEST THE COME I GIVE	THE THE T OF THE STATE OF THE STATE	S (III III SIIEEI II III SIIEE SI II EE IS I EE EE E		
DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

	TRAFFIC CONVICTIONS AND FORFEITURES FOR THE LAST S TEARS (OTHER THAN LARRING VIOLATIONS)			
	LOCATION	DATE	CHARGE	PENALTY
Ī				

A. Have you ever been denied a licenseB. Has any license, permit or privilege	e, permit or privilege to operate a motor vehicle' e ever been suspended or revoked?	?YesNo No
IF THE ANSWER TO EITHER "A" (OR "B" IS YES, ATTACH STATEMENT GIVI	NG DETAILS.
ALL APPLICANTS Please answer	the following:	
	Act or Worker's Compensation claim?	
	t would limit your ability to perform the job at have that your employer should know about:	aand?
Have you had any previous back injur	ies? If the answer is yes, please expla	in (be sure to include dates of injury):
Have you ever received a work related	injury? If yes, please explain:_	
Have you ever sued a previous employe	er? If yes, please explain:	
Have you ever been convicted of a felo	ny? If the answer is yes, please explai	in (be sure to include dates):
Have you ever filed or been a party to	an EEOC claim? If the answer is yes, pl	
Do you have personal transportation to	o and from work? If not, how will you g	et to work?
	ortunity employer, dedicated to a policy of nonc	
	ou on the payroll your compensation is confident . Discussion of your pay will be grounds for term	
All correspondence, records, and other workplace. All information becomes the	r information is confidential and will not be disc he property of Clean-Co Systems, Inc.	ussed with others in or outside of the
	is application are true and complete to the best of application shall be grounds for dismissal.	of my knowledge and understand that, if
all information concerning my previous release the company from all liability f	nts contained herein and the references and emp is employment and any pertinent information th for any damage that may result from utilization of stems Inc. the authority to do a background sear s).	ey may have, personal or otherwise, and of such information. By signing this
	presentative of the company has any authority to f time, or to make any agreement contrary to the resentative."	
Signature	Print Name	- Date

	DO NOT WRITE BELOW THIS LINE			
		Office Use Only		
Applicants Name:		Position:		
Date of Application:				
Remarks:				
Start Date:	Pay Rate:	Review Date:		
Townshation Date.	Reason for terminati		Elizible for Debine?	
Termination Date:	Reason for terminati	on:	Eligible for Rehire?	
Approved by:				
ripproved by.				



Incorporated

Name:	
(Please Print)	
SSN:	
employers, criminal justice agencies, or individu academic, residential, achievement, performance direct you to release such information upon requ Clean-Co Systems, Inc. and may be disclosed to I hereby release any individual, including record	s, Inc. to obtain any information from schools, residential management agents, nals, relating to my activities. This information may include, but is not limited to, e, attendance, personal history, disciplinary, arrest, and conviction records. I hereby test of the bearer. I understand that the information released is for official use by such third parties as necessary in the fulfillment of official responsibilities. I custodians, from any and all liability for damages of whatever kind or nature which pliance, or any attempts to comply, with this authorization.
	(Applicant signature)
	(Date)