

Proprietary & Confidential
America Cleaning Solutions
P. O. Box 66681
Portland, OR. 97290
Office: 503 772 1782 Fax: 503 775 2066

PLEASE PRINT ALL INFORMATION
 REQUESTED EXCEPT SIGNATURE

Application for Employment

APPLICANTS ARE SUBJECT TO DRUG SCREENS AND BACKGROUND CHECKS

PLEASE COMPLETE PAGES 1-4. (Page 1)

DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____ If under 18, please list age _____

Position applied for: Janitor Days/hours available to work _____
 Dock Worker No Preference
 Window Cleaner
 _____ Salary/Wage desired: _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME PART-TIME FULL- OR PART-TIME

When available for work? _____ JobsPlus Candidate WOTC Candidate

| School Type | School Name | Complete Address | Years Completed | Major & Degree |
|-----------------|-------------|------------------|-----------------|----------------|
| High School | | | | |
| College | | | | |
| Trade School | | | | |
| Business School | | | | |

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APPLICATION FOR EMPLOYMENT (Page 2)

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL)
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How many? _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE TELL US HOW YOU HEARD ABOUT US?

Friend Relative Newspaper Employee _____

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APPLICATION FOR EMPLOYMENT (Page 3)

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD/RESERVE? Yes No

Specialty _____ **Date Entered** _____ **Discharge Date** _____

Work Experience **Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name.**

| | | | |
|--|--------------------------------|--------------------------|------------------------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your last job title | | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

| | | | |
|--|--------------------------------|--------------------------|------------------------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your Last Job Title | | |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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APPLICATION FOR EMPLOYMENT (Page 4)

Work experience **Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name.**

| | | | |
|--|--------------------------------|-------------------------|----------------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From | Start |
| | | To | Final |
| Your last job title | | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions. | | | |

| | | | |
|--|--------------------------------|-------------------------|----------------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From | Start |
| | | To | Final |
| Your last job title | | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions. | | | |

| | | | |
|--|--------------------------------|-------------------------|----------------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From | Start |
| | | To | Final |
| Your last job title | | | |
| Reason for leaving (be specific) | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions. | | | |

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by America Cleaning Solutions, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for testing before and after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment might be based on the successful passing of job-related physical examinations and upon successful passage of examinations leading to acquiring necessary driver's licenses.

I understand that during the course of my duties I may happen upon proprietary and confidential information for the Company and its clients. I understand the continuing duty I have to take reasonable care that this information is not released to anyone else, or discussed within the Company. I also understand the relationships that the Company has earned over the years with its clients, and agree not to interfere with that relationship, or work at those same locations for up to 2 years, should I ever leave the Company's employ.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. In addition, America will conduct necessary background checks, to include criminal records and motor vehicle driving records.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Initials _____ (By providing your initials indicates your electronic signature) Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED
 U.S. Citizen? Yes No Birth date _____
 Married How long? _____ Single Separated Divorced Widowed
 Full name of spouse _____ Occupation _____
 Name of company _____ Telephone () _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY
 Name _____ Telephone () _____
 Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS
 Important – you have 90 days from date of hire to make an election for health benefits

| NAME | RELATION | BIRTH DATE | SSN |
|------|----------|------------|-----|
| | | | |
| | | | |
| | | | |
| | | | |

TO BE COMPLETED BY EMPLOYER

Date of employment _____ Job title _____ Dept. _____
 Location _____ Rate of pay _____
 Full-time Part-time Salaried Supervisor _____
 Applicant's signature acknowledging above information _____
 Drug test confirmation number _____
 Name of person verifying information _____
 Name of person authorizing employment _____

Remember: Employee Handbook I-9 Form W-4 Form Inventory Photo ID