



Proprietary & Confidential
America Cleaning Solutions
 14920 SE 82nd Drive
 Clackamas, OR. 97

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 _____

Telephone () _____

Position applied for:

- Janitor
- Dock Worker
- Window Cleaner
- Other

Days/hours available to work

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

No Preference

Salary/Wage desired:

Employment desired FULL-TIME PART-TIME ANY

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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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 _____

Social Media (Which One): _____ Other: _____

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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 From
		To
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 From
		To
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 this employer? Yes No

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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 From
		To
Your last job title		
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From
		To
Your last job title		
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates From
		To
Your last job title		
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions.		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 if/and when job duties require it.

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 solicit, communicate, attempt to work at those same locations for up to 2 years, should I ever leave the Company's employ.

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 employee application 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 Photo ID (Front & Back)