

# TOTAL CLEANING SYSTEMS

## EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer

Please print in ink. You must complete the entire application.

Date: \_\_\_\_\_

### APPLICANT INFORMATION

NAME (FIRST, MIDDLE, LAST)	DAY PH#	
ADDRESS (STREET, CITY, ZIP CODE)	EVENING PH#	
SOCIAL SECURITY #	CELL PH#	
IN CASE OF EMERGENCY CONTACT (NAME, RELATION PH#)		
ARE THERE ANY OTHER NAMES YOU HAVE WORKED UNDER OR ATTENDED SCHOOL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, PLEASE LIST FOR REFERENCE CHECKING PURPOSES		
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU 18 OR OLDER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF NOT, YOUR EMPLOYMENT WILL BE SUBJECT TO VERIFICATION THAT YOU MEET STATE/FEDERAL MINIMUM AGE REQUIREMENTS FOR THE TYPE OF WORK YOU ARE APPLYING FOR AND HAVE OBTAINED A VALID WORK PERMIT.		
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR PLEADED NO CONTEST FOR ANY OFFENSE OF VIOLATION OTHER THAN MINOR TRAFFIC VIOLATIONS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES EXPLAIN 1) NATURE OF CRIME, 2) DATE OF CONVICTION, 3) STATE IN WHICH CONVICTED		
(CONVICTIONS ARE NOT A AUTOMATIC BAR TO EMPLOYMENT)		
DO YOU HAVE ANY PENDING CRIMINAL CHARGES AGAINST YOU?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, DESCRIBE 1) NATURE OF CHARGES, 2) DATE ISSUED, 3) COUNTY AND STATE WHERE ISSUED		
HAVE YOU EVER <b>APPLIED</b> AT TOTAL CLEANING BEFORE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHEN?		
HAVE YOU EVER <b>WORKED</b> AT TOTAL CLEANING BEFORE:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHEN?		

### POSITION APPLIED FOR:

PART TIME <input type="checkbox"/>	FULL TIME <input type="checkbox"/>	1 <sup>ST</sup> SHIFT <input type="checkbox"/>	2 <sup>ND</sup> SHIFT <input type="checkbox"/>	3 <sup>RD</sup> SHIFT <input type="checkbox"/>	ANY <input type="checkbox"/>	
SALARY REQUIREMENTS						WHEN CAN YOU START?
HOW DID YOU HEAR ABOUT OUR COMPANY?						
NEWSPAPER <input type="checkbox"/>	WALK-IN <input type="checkbox"/>	FRIEND/RELATIVE <input type="checkbox"/>	SCHOOL <input type="checkbox"/>	OTHER <input type="checkbox"/>		

**EMPLOYMENT HISTORY (start with the most recent)**

**NAME OF EMPLOYER**

CITY, STATE, ZIP

PHONE #

JOB TITLE

JOB DUTIES

START DATE

END DATE

WAGE

REASON FOR LEAVING

SUPERVISORS NAME

CAN WE CONTACT FOR REFERENCE?

YES

NO

**NAME OF EMPLOYER**

CITY, STATE, ZIP

PHONE #

JOB TITLE

JOB DUTIES

START DATE

END DATE

WAGE

REASON FOR LEAVING

SUPERVISORS NAME

CAN WE CONTACT FOR REFERENCE?

YES

NO

**NAME OF EMPLOYER**

CITY, STATE, ZIP

PHONE #

JOB TITLE

JOB DUTIES

START DATE

END DATE

WAGE

SUPERVISORS NAME

CAN WE CONTACT FOR REFERENCE?

YES

NO

**REQUIRED LISCENSE (S)**

If required to drive a motor vehicle for the job applying for provide your:

LIC#

STATE

EXP DATE

**Please answer the following questions the best you can, this will assist in our application process**

What type, if any, cleaning experience do you have (check those that apply)

RESIDENTIAL <input type="checkbox"/>	OFFICES <input type="checkbox"/>	FACTORY <input type="checkbox"/>	WAREHOUSE <input type="checkbox"/>	HEALTHCARE <input type="checkbox"/>	SENIOR HOME <input type="checkbox"/>
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**Specific duties performed (check all that apply)**

VACUUM <input type="checkbox"/>	SWEEP <input type="checkbox"/>	DUST MOP <input type="checkbox"/>	DUST <input type="checkbox"/>	TRASH <input type="checkbox"/>	RECYCLE <input type="checkbox"/>	RESTROOMS <input type="checkbox"/>	LUNCH ROOM <input type="checkbox"/>
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BREAK ROOMS <input type="checkbox"/>	GLASS <input type="checkbox"/> CLEANING	CARPET CLEANING <input type="checkbox"/>	BONNET <input type="checkbox"/>	STRIP FLOOR <input type="checkbox"/>	WAXING <input type="checkbox"/>	BUFF <input type="checkbox"/>
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Where did you perform these duties?

How long?

Why did you leave these duties?

**Current Evaluation**

Is there any part of commercial cleaning you prefer not do?

Are you currently working?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	What hours?
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Are you leaving or is this in ADDITION to that job?

Have you experienced working two jobs before?

If yes, when?

Can we rely on you to get to your job on a daily basis?

**Perfect Job**

If you could pick the perfect hours to work, what would they be?

If you could pick the perfect duties to perform, what would they be?

If you could pick the perfect area to work in, where would it be?

**Transportation**

Do you need access to a bus line?

Do you have your own transportation?

Do you have a valid license in Wisconsin?

**Employment References**

List individuals who were familiar with your job qualifications (please no relatives or friends)

Names	Relationship	Year's Known
Names	Relationship	Year's Known
Names	Relationship	Year's Known

### Authorization and Release

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired. I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its offices, employees and agents, or any person or entity making a written or oral request for such information on behalf of this company. I understand that the employment information may include, but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information regarding my suitability for employment possessed by it. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such. I voluntarily and knowingly, fully release and discharge; absolve indemnify and hold harmless such former employer, and agents from any and all claims, liability, demands, causes of action, damages or costs, including attorney fees, present or future, whether known or unknown, anticipated or not, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue. Please sign below for your approval of a background check.

Candidates Signature

Witness Signature

### For reference checking purposes only, please complete the following information

High School

College

Tech School

Any information regarding change of name, use of nickname. If so, please list.

Social Security Number

Date of Birth

### Please Read Carefully Before Signing This Form

All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or may be cause for subsequent dismissal if I am hired. I authorize the company to investigate my responses on this application and contact any or all of my former employers for the purpose of obtaining any information about my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment. I understand that upon receiving a job offer, a physical examination and drug screen may be required. Regardless of whether or not I become employed by the company. I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on and at my own will basis and that my employment may be terminated with or without cause, and without any notice, at any time, and at my opinion or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration of terms and conditions of employment other than an officer of the company, and then only by means of a signed, written document.

Candidates Signature

Date

**\*NOTE: You must sign this application in both places above or this application may not be considered valid for employment.**