

APPLICATION FOR EMPLOYMENT - KATE'S KLEAN CO
PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION:

DATE: _____

NAME (last name first): _____

PRESENT ADDRESS: _____

PHONE (yours): _____ MESSAGE PHONE: _____

SOCIAL SECURITY #: _____

BIRTHDATE: _____

REFERRED BY: _____

EMPLOYMENT DESIRED:

POSITION: _____ START DATE: _____ SALARY DESIRED: _____

Are you employed now? ____YES ____NO If yes, where? _____

Do you have your own car? ____YES ____NO

Have you been convicted of any criminal offense other than traffic violations? ____YES ____NO

If yes, explain in full: _____

US Military or Naval Service: _____ Rank: _____

EDUCATION HISTORY:	Name	Years Attended	Graduate?
Grammar School:			
High School:			
College:			
Trade, Business or Correspondence School:			

FORMER EMPLOYERS:

List last employer first:

Date:	Name/Address:	Salary	Position	Reason Left
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

SPECIAL SKILLS YOU POSSESS: (Electrical, Mechanical, Clerical, Technical)**REFERENCES:**

Give names of 3 persons NOT related to you, whom you have known at least ONE year:

Name	Address	Phone #	Business	Years Known

AUTHORIZATION:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCE AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. 'I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.' THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY RELATED OR MEDICAL INFORMATION IN ANY MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS."

"I HEREBY AGREE, THAT UPON TERMINATION OF EMPLOYMENT WITH KATE'S KLEAN CO., NOT TO HIRE ON WITH KATE'S KLEAN CO. CLIENT FOR A PERIOD OF AT LEAST 6 WEEKS."

Date: _____

Signature: _____