

Employment Application

Welcome and Thank You

For Applying With Us

Please print this application. Submit your completed application at any of our locations. For a complete list of locations visit **www.ecodrycleaner.com**

NOTICE TO APPLICANTS

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services and programs is available to all persons. The objective of the Company's hiring procedures is to select the most qualified individual for the job. All applicants are encouraged to provide the Company with information that will demonstrate the applicant's qualifications to perform the duties of the job for which the applicant is applying.

Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Personnel Office.

PLEASE PRINT

You must fully and accurately complete this application. Incomplete applications will not be considered.

Position(s) applying for: _____ Date of Application: _____

Have you filed an application here before? Yes No If yes, give date: _____

Name: _____
Last First Middle

Address: _____
Street Apt. #

Address: _____
City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Are you 16 or older? Yes No Are you 18 or older? Yes No

Are you legally eligible to work in the U.S. ? (A U.S. citizen or alien authorized to work in the U.S. ?) Yes No

How did you hear about us? _____

Do you have a valid Drivers License? Yes No If yes, issued by which U.S. state? _____

Are you able to work alone with limited supervision? Yes No

Date available for work: _____ Wage requested: _____ per _____

Do you have any commitments to another employer that might affect your employment with us? Yes No
If yes, describe in full: _____

Check the type of employment desired and times you are available to work each day. This information may be used to determine your work schedule.

Full-time Part-time Temporary/On Call
Total Number of Hours Desired Per Week: _____

<input type="checkbox"/> Monday From: _____ To: _____	<input type="checkbox"/> Wednesday From: _____ To: _____	<input type="checkbox"/> Friday From: _____ To: _____	<input type="checkbox"/> Sunday From: _____ To: _____
<input type="checkbox"/> Tuesday From: _____ To: _____	<input type="checkbox"/> Thursday From: _____ To: _____	<input type="checkbox"/> Saturday From: _____ To: _____	

GENERAL INFORMATION

Conviction of a crime is not an automatic bar to employment with this Company, but some jobs may not be held by persons convicted of certain crimes. Factors such as the age of the offense, the seriousness and nature of the violation and rehabilitation will be taken into consideration.

Have you ever been convicted of a crime, excluding misdemeanors and traffic violations? Yes No

If you have been convicted of a crime, excluding misdemeanors and traffic violations, describe in full:

Have you ever been employed by this Company before? Yes No If yes, give dates employed:

Are any of your relatives employed by this Company? Yes No If yes, please list name(s) and relationship:

EDUCATIONAL HISTORY

School	No. of Years Completed	Name and Location of School	Major Course of Study	Did you Graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

What school activities and organizations including athletics did you participate in? (You do not have to list those activities which would reflect race, color, religion, national origin, disability, or ancestry.) _____

What scholastic honors or awards from previous employers have you received? _____

WORK HISTORY

GIVE PRESENT OR MOST RECENT POSITION FIRST

FIRM	PERIOD	POSITION HELD AND MAJOR DUTIES	IMMEDIATE SUPERVISOR & TITLE	REASON FOR LEAVING
Name:	From:			
Street:	To:			
City/State:	Weekly or Hourly?*			
Type of Business: Phone:	Rate of Pay*			
Name:	From:			
Street:	To:			
City/State:	Weekly or Hourly?*			
Type of Business: Phone:	Rate of Pay*			
Name:	From:			
Street:	To:			
City/State:	Weekly or Hourly?*			
Type of Business: Phone:	Rate of Pay*			

*Applicant need not answer. Leaving these areas blank will have no bearing on consideration for employment.

Have you ever been disciplined for absenteeism or tardiness? Yes No

Do we have permission to verify information? Yes No May we contact your current employer? Yes No

U.S. MILITARY SERVICE

Branch of Service: _____ From: _____ To: _____

Describe any special training: _____

What other special qualifications, skills or talents have you not listed above?

Briefly state why you would like to work with our Company:

SUMMARY

I hereby authorize the potential employer to contact, obtain and verify the accuracy of the information contained in this application from all previous employers, educational institutions and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. I understand employment with the employer, is employment-at-will.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I understand that I may be required to take and successfully pass a Drug and Alcohol screening as a condition of employment. I understand that if I test positive for any alcohol or illegal substances, alter or attempt to alter a testing sample or fail to provide a sample that the conditional offer of employment will be withdrawn and I will not be employed by the employer.

I understand this Company will not tolerate any acts of violence or harassment or discrimination of any kind. Such acts will lead to disciplinary action, up to and including immediate termination.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Signed: _____ Date: _____

This employment application will become inactive after 90 days. If you wish to be considered after that time, you must complete a new application.