



Employment Application

VARIOUS FEDERAL, STATE AND LOCAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY OR MARITAL STATUS, SIGNATURE CLEANERS IS AN EQUAL OPPORTUNITY EMPLOYER AND YOUR RESPONSE TO ANY QUESTION WILL NOT BE JUDGES ON ITS RELEVANCE TO THE POSITION YOU ARE SEEKING

Personal Information

Date of Application / /

Name (Last)		First	Middle	Social Security No.								
Home Address		City	State	Zip								
Home Telephone		Work Telephone		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Position Applying For _____		Dates and hours available		Day	Mon	Tues	Wed	Thur	Fri	Sat	Sun	
Date Available _____ Are you interested in (check all that apply)				From								
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer				To								
Are you willing to relocate <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are under 18 years of age please state your date of birth <u> </u> / <u> </u> / <u> </u>		Are you willing to travel <input type="checkbox"/> Yes <input type="checkbox"/> No		What percent _____ %						
How were you referred to Signature Cleaners												

Education

Type of School				Degree/Area of Study	Number of Years Attended	Graduated (Check One)	
High School	Name		Address			Yes	No
	City	State	Zip			<input type="checkbox"/>	<input type="checkbox"/>
College	Name		Address			Yes	No
	City	State	Zip			<input type="checkbox"/>	<input type="checkbox"/>
Graduate School	Name		Address			Yes	No
	City	State	Zip			<input type="checkbox"/>	<input type="checkbox"/>
Other	Name		Address			Yes	No
	City	State	Zip			<input type="checkbox"/>	<input type="checkbox"/>

U.S. Military Service

Branch of Service	Technical Specialization	Rank Attained
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Legal

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, do you have a legal right and necessary documents to work in the U.S.? <small>(Identity and employment eligibility of all new hires will be verified by the Immigration REform and Contro Act of 1986)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you ever discharged by any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give name of company(ies) _____		
Reason for discharge _____				
Have you ever been convicted of a crime other than a minortraffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Please explain offense and final disposition		

(CONTINUED ON BACK)

Employment History

List employment starting with your recent position.					
DATES	NAME AND ADDRESS OF EMPLOYERS	POSITION & SUPERVISOR	MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
From / mo. yr. To / mo. yr.	Name _____ Address _____ City _____ State _____ Phone _____ ()	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
From / mo. yr. To / mo. yr.	Name _____ Address _____ City _____ State _____ Phone _____ ()	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
From / mo. yr. To / mo. yr.	Name _____ Address _____ City _____ State _____ Phone _____ ()	Your Job Title _____ Supervisor _____		Starting _____ Final _____	

References

Name	Phone Number	Title	Years Known

Please Read Carefully

I understand that Signature Cleaners has a commitment to maintain an alcohol/drug free workplace and that Signature Cleaners, unless prohibited by state law, requires a drug screening test as part of its solution and hiring process. I understand that each drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If any detectable amounts are found in my body, a second test, approved by the NIDA will be performed on the same specimen. If the results of the second test are also positive, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment. I have read, understand and agree to the statement above. (please Initial here). _____

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history. I authorize anyone possessing this information to furnish it to Signature Cleaners and/or 3rd party company upon request and I release anyone so authorized. Signature Cleaners, and any 3rd party company from all liability and damages whatsoever in furnishing, obtaining, or using said information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Signature Cleaners LLC.

I understand and agree that if employed, the employment will be "at will" That is either I or Signature Cleaners may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Signature Cleaners does not imply employment and that this application and/or any other Signature Cleaners documents are not contacts of employment.

APPLICANT'S SIGNATURE _____ DATE SIGNED: _____