

Application For Employment



Ph: (800) 225-7316 Fax: (310) 538-8015
1937 West 169th Street
Gardena, CA 90247

We consider applicants for all positions without regard to race, color, religion, national origin, age, marital or veteran status, the presence of a non job related medical condition or handicap, or any other legally protected status.

Position(s) Applied For:	Date of Application
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How Did You Learn About Us?

- | | | |
|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other: _____ |

Last Name	First Name	Middle Name
Address	City	State Zip
Phone Number ()	Alternate Phone Number ()	

Are you under 18 years of age? Yes No
 If yes, can you provide proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available to work? _____

Are you available to work on weekends? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School	High School	Undergraduate College / University	Graduate / Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training apprenticeship, skills and extra-curricular activities				
Describe any specialized honors you have achieved				
State any additional information you feel may be helpful in considering your application				

Indicate any foreign languages you can speak, read and / or write

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military?

Yes

No

If Yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes

No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title			
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title			
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title			
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Voluntary Survey

(Please Print)

_____ Date

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security No.		

Complete Only The Sections Below That Have Been Checked

Current Job

Check One: Male Female

Check One of the Following: (Ethnic Origin)

White Hispanic American Indian/Alaskan Native
 Black Other Asian/Pacific Islander

Check If Any Of The Following Are Applicable

Vietnam Era Veteran Disabled Veteran Handicapped Individual

Birthdate

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature

Date

Release of Records

Name: _____
Print Full Name

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Social Security No.

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I hereby authorize the release of all records of employment, including assessments of my job performance, ability, fitness information, and specifically my safety performance history to CleanStreet.

In connection with my application for employment (including contract for services) with you, I understand that a driver's license investigation, criminal investigation, and workers compensation verification, which may contain public record information, will be requested.

I hereby release this company, its officers, employees, directors, and agents from any and all liability of any type as a result of providing the above information to CleanStreet and its agents.

Signature

Date

