

Application for Employment

KleenRite
602 Ashford Ct
Champaign, IL 61822
Phone (217) 351-4930 Fax (217) 351-4056

Please Print

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should be notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____
LAST FIRST MIDDLE

Address _____ Social Security # _____
STREET CITY STATE ZIP CODE

Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____ E-mail: _____

If necessary, best time to call you at home is..... AM/PM

May we contact you at work?..... Yes No

If yes, work number and best time to call..... (____) _____ AM/PM

If you are under 18 and it is required, can you furnish a work permit?..... Yes No

If no, please explain _____

Have you submitted an application here before?..... Yes No

If yes, give date(s) and position(s) _____ / ____ / ____

Have you ever been employed here before? _____ Yes No

If yes, give dates..... From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country?..... Yes No

Date available for work..... ____/____/____ What is your desired salary range?..... \$ _____

Type of employment desired..... Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if required?..... Yes No

If no, please explain _____

Have you ever been bonded?..... Yes No

Have you ever pled "guilty" or "no contest" to, or be convicted of a crime?..... Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT, FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

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Provide the following information for the last 10 years your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the comments area.

EMPLOYER		DATES EMPLOYED	
		FROM	TO
ADDRESS		MAY WE CONTACT FOR REFERENCE	
		YES _____ NO _____ LATER _____	
TELEPHONE ()	HOURLY RATE/ STARTING		HOURLY RATE/FINAL
	\$	PER	\$ PER
SUPERVISOR AND TITLE	FINAL JOB TITLE		REASON FOR LEAVING
SUMMERIZE WORK PERFORMED AND JOB RESPONSIBILITES/Comments			

EMPLOYER		DATES EMPLOYED	
		FROM	TO
ADDRESS		MAY WE CONTACT FOR REFERENCE	
		YES _____ NO _____ LATER _____	
TELEPHONE ()	HOURLY RATE/ STARTING		HOURLY RATE/FINAL
	\$	PER	\$ PER
SUPERVISOR AND TITLE	FINAL JOB TITLE		REASON FOR LEAVING
SUMMERIZE WORK PERFORMED AND JOB RESPONSIBILITES/ Comments			

Educational Background (if job related)

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- A. List last three (3) schools attended, starting with most recent. B. List number of years completed.
 C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study
 F. Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and phone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of the application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____

To be filled out by hiring supervisor:

Employee Start Date: _____ Rate of Pay: _____

Department: _____ Location: _____

Full Time: _____ Part Time: _____

Temporary: _____ Permanent: _____

KleenRite - RELEASE AUTHORIZATION

Applicant Complete the Following

1. In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and /or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile or photo copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
4. Minnesota and California applicants only. If you want a copy of the report(s) ordered, check here ____ . The report(s) will be sent by the reporting agency to you at the address below.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by RAMSHAW REAL ESTATE or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above information or reports.

Please print your full name

Please print other names you have used

Home Address

City

State

Zip Code

Social Security Number

Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IN, OR, TX, WI.

Male

Female

Asian

Black

Hispanic

White

Other

Drivers License Number

State Issuing License

Name as it appears on license

Signature

Today's Date