

JOB APPLICATION



APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete entire 4-page application.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. Print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.
6. DO NOT FILL OUT ANY OTHER ATTACHED FORMS OR PAGES UNTIL INSTRUCTED.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

COMMENTS

APPLICANT INFORMATION

Today's Date _____

Are you 18 years old or over? ☐ Yes ☐ No

Position Applied For _____

Name _____

Social Security Number _____

Home Phone _____ Cell Phone _____

Current Address _____

City _____ State _____ Zip _____

Prior Address _____

City _____ State _____ Zip _____

AVAILABILITY

What date can you start? _____

What category would you prefer?

☐ Full time ☐ Part time ☐ Temporary ☐ Labor pool

For which schedules are you available?

☐ Weekdays ☐ Weekends ☐ Evenings ☐ Nights

☐ Overtime ☐ Shift ☐ Other _____

What hours are you available? _____

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

YES NO

☐ ☐ If the job requires, do you have the appropriate valid drivers license?

Name on license _____

DL# _____ Type _____ State of Issue _____

☐ ☐ Have you had any moving violations within the last seven years? Please describe _____

Please list any other skills, licenses, or certificates that may be job-related or that you feel would be of value to this job or company _____

☐ ☐ Have you been given a job description or have the essential functions of the job been explained to you?

☐ ☐ Do you understand these essential functions?

☐ ☐ Can you perform the essential functions of this job with or without reasonable accommodation?

GENERAL QUESTIONS

1. What are your short range plans for the next 1 to 2 years? _____

2. Where do you see yourself in 5 years? _____

3. What hobbies do you enjoy? _____

4. How long will you need this job?
☐ 3 months ☐ 6 months ☐ 1 year ☐ 2 years ☐ 3 years ☐ 5 years+
Please explain your choice _____

5. Have you ever worked at a routine, production-type job? ☐ Yes ☐ No
If yes, where, and what did you do? _____

6. Have you ever worked in a retail store environment? ☐ Yes ☐ No
If yes, where, and what did you do? _____

7. Please list one personal strength that you are proud of and how it helps you.
Strength _____
Benefit _____
8. Please list one weakness that you have and what are you doing to correct it.
Weakness _____
Correction _____
9. What was your greatest accomplishment at your previous employment? _____

10. On what issue do you disagree with your current boss most often? _____
11. Can you work evenings or weekends if needed? ☐ Yes ☐ No
12. How would your last employer rate your ability to cope with last minute changes?
☐ Excellent ☐ Good ☐ Fair ☐ Poor
13. Would your last employer rehire you? ☐ Yes ☐ No
14. On your last job, what would your next promotion have been? _____

15. What is your hourly rate expectation at the job you are being hired for?
☐ \$10.00 ☐ \$12.00 ☐ \$14.00 ☐ \$16.00+
16. What is your annual gross wages expectation for the job you are being hired for?
☐ \$0 - \$5,000 ☐ \$5,000 - \$10,000 ☐ \$10,000 - \$15,000 ☐ \$15,000 - \$20,000
☐ \$20,000 - \$25,000 ☐ \$25,000 - \$30,000+ ☐ Other _____

PREVIOUS EMPLOYERS

NOTE: Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

MOST RECENT EMPLOYER		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working with this employer? If yes, may be contact?
Company Name _____		Phone _____ Fax _____	
City _____ State _____ Zip _____			
Dates Employed: From _____ To _____		Job Title _____	
Supervisor's Name _____		Duties _____	
Reason for leaving _____		_____	

NEXT MOST RECENT EMPLOYER		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working with this employer? If yes, may be contact?
Company Name _____		Phone _____ Fax _____	
City _____ State _____ Zip _____			
Dates Employed: From _____ To _____		Job Title _____	
Supervisor's Name _____		Duties _____	
Reason for leaving _____		_____	

NEXT MOST RECENT EMPLOYER		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently working with this employer? If yes, may be contact?
Company Name _____		Phone _____ Fax _____	
City _____ State _____ Zip _____			
Dates Employed: From _____ To _____		Job Title _____	
Supervisor's Name _____		Duties _____	
Reason for leaving _____		_____	

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed above.

NAME	ADDRESS	PHONE	YEARS KNOWN
1.			
2.			

EDUCATION

NOTE: Do not fill out any part of this section you believe to be non-job related.

Please circle highest grade completed 7 8 9 10 11 12 13 14 15 16+

If your school records are under a different name than listed on page 1, please enter name _____

NAME	CITY/STATE	YEAR GRAD	DEGREE
High School:			
College:			
Other:			

TEST

Use space below to figure problems (do not add tax). Write the answer in the space at the end of the question.

1. A customer picks up two dry cleaning orders. One totals \$14.93 and one totals \$18.67. The customer gives you a fifty-dollar bill. What is the correct change? _____
2. A customer has 5 ties dry cleaned at \$1.65 per tie and a pair of ski pants dry cleaned and water repelled at a cost of \$6.40. The customer gives you two ten-dollar bills and 70¢. What is the correct change? _____
3. A customer has 6 shirts laundered at 99¢ per shirt. He gives you a ten-dollar bill and 95¢. What is the correct change? _____
4. A customer has two three-piece suits dry cleaned at \$9.10 per suit and 4 pants dry cleaned at \$3.20 per pants. The customer gives you two twenty-dollar bills and four quarters. What is the correct change? _____
5. A customer wants to buy 16 hangers at 20¢ each and 4 long plastic bags at 20¢ each and 3 short bags at 15¢ each and one lint roller at \$5.00. The customer gives you a twenty-dollar bill. What is the correct change? _____

EMERGENCY CONTACT

Name _____ Address _____
Relationship _____ Phone Number(s) _____

SECURITY

List states and countries of residence for the past seven years _____

YES NO

☐ ☐ Have you used any names or Social Security Numbers other than given above? If so, please list.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents to verify any of this information, including consumer reporting bureau reports and Workers Compensation reports. I release all former employers, persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature _____ Date _____

FOR COUNTER USE ONLY

Person receiving application _____ Date received _____

Comments _____

FOR OFFICE USE ONLY

Test score _____

Interview date _____

Interviewed: ☐ Yes ☐ No

Interviewed by _____

Comments _____

Hired ☐ Yes ☐ No DOB ____ / ____ / ____

Starting Wage \$ _____

Date Reporting to Work ____ / ____ / ____

Position: _____

Location: _____

Upon completion please scan and email the form to working@swisscleaners.com or mail to 35 Windsor Ave. Po Box 825 Rockville, CT 06066.

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