Duluth Cleaning Contractors, LLC

Employment Application

Please read before completing this application

Please be assured that your application for employment will be based only on your merit and no other consideration. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap. This application will be given consideration but its receipt does not imply that you will be employed.

"EQUAL OPPORTUNITY EMPLOYER"

ALL QUESTIONS MUST BE ANSWERED. IF NOT APPLICABLE WRITE N/A

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NAME(FIRST	(7	(MIDDLE)	(LAST	7)
(CALLI)	1)	(MIDDLL)	(LAST	,
ADDRESS (not a PO l	Box)			
(STREET)	(CITY)	(STATE) (ZIP C	ODE)	
	/			/
(PHONE)	Cell#			(Social Security Number)
IN CASE OF EMERGENC	Y NOTIFY (NAME	ADDRESS AND PH	IONE NUMBER)	
IF HIRED CAN YOU FU	URNISH PROOF	ΓHAT YOU AR	E OVER 18? YES	NO
IF LESS THAN 18 DO Y	YOU HAVE THE	REQUIRED WO	ORK PERMIT? YE	ESNO
THE AGE DISCRIMINATON THE RESPECT TO THE INDI	,		BITS EMPLOYMENT	DISCRIMINATION ON THE BASIS OF AGE WITH
IF HIRED CAN YOU FU	URNISH PROOF	ΓΗΑΤ YOU AR	E ELIGIBLE TO V	WORK IN THE UNITED STATES?
HAVE YOU EVER APP	LIED FOR A JOE	WITH THIS C	OMPANY? YES_	NO
HAVE YOU EVER BEE				
IF YES PLEASE COMP	LETE FROM		TO	(DATES EMPLOYED)
(JOB TITLE)	(LOCATION)	ON) (SUPE	RVISOR)	
HAVE YOU EVER BEE IF YES, PLEASE EXPL		OF A CRIME? Y	YESNO	_
				TIC BAR TO EMPLOYMENT BUT WILL ONLY BE OR WHICH YOU ARE APPLYING.
THIS COMPANY? YES	NO			THAT WILL CONTINUE IF EMPLOYED B
WHAT INTERESTED Y	YOU IN EMPLOY	MENT WITH U	JS?	

WHAT POSITION	I ARE YOU APPLYING F	OR?				
DO YOU DESIRE	FULL TIMEPART	TIME	_			
DAYS AVAILAB	LE		_HOURS			
WAGE DESIRED						
WHEN ARE YOU	AVAILABLE TO START	· 「?				
	NT 1110TODY					
EMPLOYME	NT HISTORY					
ARE YOU CURRI	ENTLY EMPLOYED? YE	SN	O			
JOMPAN I PHONE NUMBER	<u> </u>	ADKES	S SOR'S NAME			
MAY WE CONTA	CT YOUR EMPLOYER?	YES	NO			
PLEASE LIST YO	UR MOST RECENT EMI	PLOYMENT	(recent first)			
DATE	EMPLOYER	Phone	WAGE	POSITION/	REASON	PERMISSION
MONTH /YEAR		Number	START/END	JOB	FOR	ТО
				DUTIES	LEAVING	CONTACT
EDOM						
FROM						Yes
						Yes
						Yes
FROM TO						
ГО						No
ГО						
FROM						No
ГО						No
FROM						No
FROM						No
FROM FROM FROM						NoYesNoYes
FROM						No Yes No

I AUTHORIZE DULUTH		lo not use relatives or personal friends) TACT MY REFERENCES AND AUTHORIZE THE DOCC REGARDING MY WORK PERFORMANG	
Name/Title	Address	Phone	
Name/Title	Address	Phone	
Name/Title	Address	Phone	
IMPORTANT-PLEASE READ B	EFORE SIGNING		
BACKGROUND INFORMATIO	N, AND CREDIT SOURCES. IATHUROIZE MY	RMATION ABOUT ME FROM PREVIOUS EMPLOYERS, PREVIOUS EMPLOYERS, CREDIT SOURCES, AND LAW PACTORS SUCH INFO ABOUT ME AS DCC MAY REQUES	
I UNDERSTAND THAT THE M TERMINATION Initial	ISREPRESENTATION OR OMISSION OF FACT	TS IN THIS APPLICATION IS JUST CAUSE FOR	
THIS APPLICATION DOES NO EMPLOYMENT.	T CHANGE THE EMPLOYMENT-AT-WILL STA	TUS OR FORM A CONTRACT OR PROMISE OF	
SIGNATURE OF APPLIC	ANT	DATE	