



EMPLOYMENT APPLICATION

Clean All Services is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, marital status, sexual orientation, disability, veteran status or any other status protected under local, state or federal laws.

PLEASE PRINT IN INK. I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

Position applied for:		Date of application:	
Last Name	First Name	Middle Name	
Street Address		City	State
		Zip Code	
Telephone Number () () ()	Alternate Number & Name of contact () () ()		Social Security #
Are you legally eligible to work in the United States? (Proof of eligibility will be required upon offer of employment)		() YES	() NO
Are you under the age of 18 years?		() YES	() NO
Have you ever worked for Clean All Services before?		() YES	() NO
		If yes, please give date: _____	
A requirement of this job is lifting 40 pounds without difficulty. Can you perform this duty with or without accommodation?		() YES	() NO
Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you.)		() YES	() NO
If yes, please explain:			
Is anyone related to you employed by Clean All Services?		() YES	() NO
If yes, please give their name and relationship to you.			
_____ I want to apply for positions that require a valid driver's license and can provide a valid driver's license upon hire.		_____ I want to apply for on the positions that do not require a valid driver's license.	
For driving position only. Have you been convicted of any moving violations in the past 5 years? (A conviction will not necessarily disqualify you.)		() YES	() NO
If yes, please explain and provide approximate dates:			
On what date are you available to start work? Date: _____			
Days and hours available to work:			

EDUCATION. Please indicate education or training which you believe qualifies you for the position you are seeking.

	Name and location of school	Course of Study	Years completed	Diploma/ Degree
Elementary				
High School				
GED				
Vocational				
College				

Describe any specialized training, apprenticeships, licenses or skills:

Have you received any job-related training in the United States Military? () YES () NO If yes, please give description:

EMPLOYMENT HISTORY. (Begin with current or most recent employer. Previous salaries or wages will not be used to determine compensation at Clean All Services. If employment was under a different name, indicate the name.)

May we contact your present employer for reference? () YES () NO

Company Name		Address		Phone Number ()	
Employment Dates (month/ year) From: To:		Salary Start End \$ \$	Name of Supervisor		
Describe Your Duties:					
Reason for Leaving:					
Company Name		Address		Phone Number ()	
Employment Dates (month/ year) From: To:		Salary Start End \$ \$	Name of Supervisor		
Describe Your Duties:					
Reason for Leaving:					
Company Name		Address		Phone Number ()	
Employment Dates (month/ year) From: To:		Salary Start End \$ \$		Name of Supervisor	
Describe Your Duties:					

Reason for Leaving:

HR – 003

1/03/04

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by CLEAN ALL SERVICES Corporation (hereinafter referred to as "CLEAN ALL SERVICES") that such employment with CLEAN ALL SERVICES is at will, for no specified duration and may be terminated by either CLEAN ALL SERVICES or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of CLEAN ALL SERVICES or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of CLEAN ALL SERVICES except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of CLEAN ALL SERVICES.

In consideration for employment with CLEAN ALL SERVICES, if employed, I agree to conform to the rules, regulations, policies and procedures of CLEAN ALL SERVICES at all times and understand that such obedience is a condition of employment. I understand that due to the nature of CLEAN ALL SERVICES business, attendance and punctuality are considered essential requirements of every job at CLEAN ALL SERVICES and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with CLEAN ALL SERVICES, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to CLEAN ALL SERVICES and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information. As part of its employment process, Clean All Services may do a background check for employment purposes. Inquiry may include, but is not limited to, conviction records, motor vehicle records, references, drug test results, medical information, and copies of prior personnel files.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature _____ Date _____

Name of person completing this form if other than applicant: _____ Date _____

CLEAN ALL SERVICES IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.



EQUAL EMPLOYMENT OPPORTUNITY FORM

Clean All Services is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, marital status, sexual orientation, disability, veteran status or any other status protected under local, state or federal laws.

This information is being requested in accordance with federal regulations. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment, if hired. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Applicant Information

Last Name	First Name	Middle Name
Street Address	City	State Zip Code
Telephone Number ()	e-mail	Social Security #
Position applied for:	Date of application:	
Referral Source: () Advertisement () Walk-In () Friend () Relative () Employment Service () Clean All Services Employee - Name		

Voluntary Survey

This information is voluntary and will not be used when considering your for employment.

Gender: () Female () Male	
Racial or Ethnic Group Please check one of the descriptions below corresponding to the ethnic group with which you most identify.	
() White (Not of Hispanic Origin)	() Asian or Pacific Islander
() Black (Not of Hispanic Origin)	() American Indian or Alaskan Native
() Hispanic	

8850

Pre-Screening Notice and Certification Request for Clean All Services

form

Location:

(Rev. August 2009)

the Work Opportunity Credit

OMB No. 1545-1500

Department of the Treasury

Internal Revenue Service

See separate instructions

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Social security number

Street address where you live

City or town, state, and Zip code

County: Telephone no.

If you are under age 40, enter your date of birth (month, day, year)

1 Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time

2

Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for work opportunity credit.

3 Check here if any of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the last 18 months.
I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
I am at least 18 but not age 40 or older and I am a member of a family that:
a Received SNAP benefits (food stamps) for the last 6 months, or b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
During the past year, I was convicted of a felony or released from prison for a felony.
I received supplemental security income (SSI) benefits for any month ending within the last 60 days.
I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
I am at least 16 but not age 25 or older, and:
a During the past 6 months, I have not attended a secondary, technical or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.

4 Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:

- Discharged or released from active duty in the U.S. Armed Forces, or Unemployed for a period or periods totaling at least 6 months. 5 Check here if you are a member of a family that:
Received TANF payments for at least the last 18 months, or

- received TANF payments for any 12 months beginning after August 5, 1997, and the same 12 month period beginning after August 5, 1997, ended within the last 2 years, **or**
- Stopped being eligible for TANF payments within the last 2 years because federal or state law limited the maximum time those payments could be made.

Signature--All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

Form **8850** (Rev. 8-



TAX CREDIT QUESTIONNAIRE

TO BE COMPLETED BY EMPLOYER

Company:	Clean All Services
Start Date:	/ /

TO BE COMPLETED BY EMPLOYEE (Please Print Clearly)

First Name	Last Name	SSN
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Are you between the ages of 16 and 39? YES NO If YES:

Date of Birth (if under 40)	Driver's License Number	State Issued
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Have you worked for our company before? YES NO If YES: Month/Year you last worked:

PLEASE EITHER ANSWER "YES" OR "NO" TO EACH QUESTION BELOW.
(If you answer YES to any of the questions, please provide as much information as you can to each follow-up question.)

1. Within the past 2 years, have you or a member of your household received any form of cash or voucher assistance (WELFARE), such as Aid to Families with Dependent Children (AFDC) or Temporary Assistance for Needy Families (TANF)? If YES: YES NO

Primary Recipient's Name	Primary Recipient's SSN	Relation to Yourself SELF PARENT SPOUSE SIBLING OTHER: _____
Date First Received (Month/Year)	Date Last Received (Month/Year)	City/State Where Received

2. Within the past 2 years, have you or any member of your household received FOOD STAMPS, such as Supplemental Nutrition Assistance Program benefits (SNAP)? YES NO

Primary Recipient's Name	Primary Recipient's SSN	Relation to Yourself SELF PARENT SPOUSE SIBLING OTHER: _____
Date First Received (Month/Year)	Date Last Received (Month/Year)	City/State Where Received

3. Have you ever served on active duty in the US Military? If YES: YES NO

Branch of Service (Please Circle One) Army Navy Air Force Marines Coast Guard National Guard	Entry Date (Month/Year)	Discharge Date (Month/Year)
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3a. Are you eligible to receive compensation for a service-connected disability? YES NO

4. Have you been unemployed during the past year? If YES: YES NO

4a. How many months have you been unemployed? _____ months

4b. Have you received unemployment benefits or been eligible to receive unemployment benefits during the past year? If YES:

Date Unemployment Benefits were First Received (Month/Year)	Date Unemployment Benefits Last Received (Month/Year)	City/State Where Unemployment Benefits were Received
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5. Have you been convicted of a felony, released from prison for a felony or participated in a work-release program for a felony in the past year? If YES: YES NO

Offense Type (Please Circle One) STATE FEDERAL	Inmate Number	Conviction Date	Release Date
Parole/Probation Officer's Name	Parole/Probation Officer's Phone Number	City/State of Conviction	County of Conviction

6. Within the past 2 years, have you participated in a Vocational Rehabilitation Program for a disability approved by the State, Department of Veterans Affairs or through the Social Security Administration's Employment Network under the Ticket to Work Program? (This does not include drug/alcohol rehabilitation.) YES NO

Type of Program STATE VETERAN TICKET TO WORK	Date of Completion	Agency Name
Agency Counselor's Name	Agency Counselor's Phone Number	Agency City/State

7. Within the past 3 months, have you received Supplemental Security Income (SSI) benefits for yourself? SSI benefits are paid to individuals with a disability or are 65 years or older on a limited income. This does not include Social Security or Social Security Disability (SSDI). YES NO

8. If under age 25:

8a. Have you received a high school diploma or GED? YES NO

8b. Have you worked an average of 30 hours per week or less in the last 6 months? YES NO

8c. Have you attended a secondary (high school), technical or post-secondary school more than an average of 10 hours per week during the last 6 months? YES NO

EMPLOYEE DECLARATION AND RELEASE

By signing this form, I hereby authorize the release to TALX Corporation or the State Department of Labor any information needed to determine my eligibility for federal and/or state tax credit programs. This includes, but is not limited to, information regarding my criminal history, driver records, military service, SSI benefits, vocational rehabilitation participation, AFDC/TANF benefits, food stamp benefits or unemployment benefits. I further authorize TALX Corporation or its agents to complete on my behalf any forms required to obtain this information, including SSA Form 3288.

Employee Signature	Date
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Job applicant's signature ▶

Date / /