

## CLEAN TEAM EMPLOYMENT APPLICATION

APPLICANT DATA (PLEASE PRINT)							
Last Name	First Name		Middle Initial				
Address	***		City/State	Zip Code		Phone Number	
	WORK EXPERI	ENCE ·	– LIST MOST RE	CENT JOB F	IRST		
Dates of Employment:	From/ To	/ /	Position(s) Held:				
Company Name:			Address:				
City:	State:	Zip:	Phone:	Supe	ervisor:		
Responsibilities:							
Reason for Leaving:							
<i>e</i> .							
Starting Wages:	Ending Wages:		May we contact this emplo	war for rafaranca?	[] Yes	[ ] No	
Starting wages.	Ending Wages:		way we contact this emplo	yer for reference:	[ ] Tes	[ ] 140	
Dates of Employment:	From/ To	/ /	Position(s) Held:				
Company Name:			Address:				
City:	State:	Zip:	Phone:	Super	visor:		
Reason for Leaving:							
Reason for Leaving.							
Starting Wages:	Ending Wages:		May we contact this emplo	yer for reference?	[] Yes	[ ] No	
Dates of Employment:	From/ To	/ /	Position(s) Held:				
Company Name:			Address:				
City:	State:	Zip:	Phone:	Super	visor:		
Responsibilities:							
Reason for Leaving:							
Starting Wages:	Ending Wages:		May we contact this emplo	oyer for reference?	[ ] Yes	[ ] No	

GENERAL INFORMATION								
	Full Time? [ ] Part Time? [ ] Are you willing to work overtime? Yes [ ] No [ ]							
If hired, can you verify that you have the legal right to work in the United States?  Yes [ ] No [ ]								
What languages do you speak, read, or write fluently?								
Do you have a reliable means of transportation to get to work?  Yes [ ] No [ ]								
Are there any times during the week that you are not available to work? Yes [ ] No [ ]								
If so, please explain								
Do you understand that you will be required to work the entirety of each shift in all weather conditions. Yes [ ] No [ ]								
Do any of your relatives work for this company? Yes [ ] No [ ]	If so, who?							
Have you ever worked for this company before? Yes [ ] No [ ]	If so, when?							
If chosen, do you consent to having a pre-employment background check and drug screening? Yes [ ] No [ ]								
Have you ever been convicted of a crime, including misdemeanors and summary offenses? Yes [ ] No [ ] (Note: Convictions will not necessarily disqualify applicant)								
If so, please explain								
CERTIFICATION AND A CIVNOWILED	NOMENIE.							
CERTIFICATION AND ACKNOWLE								
I certify that the information provided herein is true and correct to the best of my knowledge. I understand that, if employed, falsified statements on this Application for Employment form will be considered grounds for termination.								
I authorize DMA to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employer to disclose to DMA any and all information they may have concerning my pervious employment. In addition, I hereby release DMA, my former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such								
disclosure.  I acknowledge that, if employed, both DMA and I have the right to terminate the employment relationship at any time, with or without cause or advance notice. This employment at will relationship will remain in effect throughout my employment with DMA and may not be modified by any oral or implied agreement.								
Applicant's Signature	Date							