

Employment Application Form

TODAY'S DATE

Dear Applicant,

Thank you for your interest in employment with Dura-Shine Clean.

We ask that you ensure that the information you provide on this application is complete and accurate, and that all the requested information on this application is answered in full. Please note that the information you provide may be verified.

- APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS -



**Building Services
Contractors**

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PERSONAL HISTORY			
LAST NAME	FIRST	MIDDLE	MAIDEN

PRESENT ADDRESS	APT. NUMBER	CITY	STATE	ZIP CODE
HOW LONG AT PRESENT ADDRESS?			SOCIAL SECURITY NO. -- --	
TELEPHONE NUMBER				

1. POSITION APPLIED FOR	2. SALARY DESIRED (BE SPECIFIC)
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How many hours can you work weekly? YES NO

Can you work nights? YES NO

Employment Desired Full-Time Only Part-Time Only Full or Part-Time

When are you available for work? _____

DAYS / HOURS AVAILABLE FOR WORK	
<input type="checkbox"/> No Preference	
<input type="checkbox"/> Mon _____	<input type="checkbox"/> Thur _____
<input type="checkbox"/> Tue _____	<input type="checkbox"/> Fri _____
<input type="checkbox"/> Wed _____	<input type="checkbox"/> Thur _____

EDUCATIONAL HISTORY				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE / UNIVERSITY				
BUSINESS OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				
OTHER PROFESSIONAL SCHOOL				

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____

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DRIVING HISTORY

DO YOU HAVE A DRIVER'S LICENSE? YES NO

What is your means of transportation to work? _____

DRIVER'S LICENSE NO.	STATE OF ISSUE	EXPIRATION DATE	<input type="checkbox"/> OPERATOR <input type="checkbox"/> COMMERCIAL (CDL) <input type="checkbox"/> CHAUFFEUR
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Have you had any accidents during the past three years? YES NO How many? _____

Have you had any moving violations during the past three years? YES NO How many? _____

REFERENCES

PLEASE LIST TWO REFERENCES THAT ARE **NOT RELATIVES OR PREVIOUS EMPLOYERS.**

NAME
POSITION
COMPANY
ADDRESS
TELEPHONE

NAME
POSITION
COMPANY
ADDRESS
TELEPHONE

MILITARY SERVICE

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? YES NO

SPECIALTY	DATE ENTERED	DISCHARGE DATE
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509.946.2018

www.dura-shineclean.com
info@dura-shineclean.com

615 E. Lilac Place | Othello, WA 99344

1841 Terminal Drive | Richland, WA 99354

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EMPLOYMENT HISTORY

PLEASE LIST YOUR WORK EXPERIENCE FOR THE **PAST FIVE YEARS** BEGINNING WITH YOUR MOST RECENT JOB HELD.
IF YOU WERE SELF-EMPLOYED, GIVE FIRM NAME.
(ATTACH ADDITIONAL SHEETS IF NECESSARY.)

NAME OF EMPLOYER	NAME OF LAST SUPERVISOR
ADDRESS	CITY, STATE, ZIP CODE
PHONE NUMBER	

EMPLOYMENT DATES	FROM	TO
	START	FINAL
PAY OR SALARY		
YOUR LAST JOB TITLE		

REASON FOR LEAVING (BE SPECIFIC)

LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY.

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ADDRESS	CITY, STATE, ZIP CODE
PHONE NUMBER	

EMPLOYMENT DATES	FROM	TO
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PAY OR SALARY		
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MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

DID YOU COMPLETE THIS APPLICATION YOURSELF? YES NO IF NOT, WHO DID? _____

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PLEASE READ CAREFULLY

Application Form Waiver

In exchange for the consideration of my job application by the Dura-Shine Clean Co. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Dura-Shine Clean., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by and officer of the Company. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise noted), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

SIGNATURE OF APPLICANT

DATE

EQUAL OPPORTUNITY EMPLOYER

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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