2259 South Sheridan Drive | Muskegon, MI 49442



Ph (800) 968-1332, (231) 773-1330

Fx (800) 863-9536, (231) 773-1642

[www.**pacific**floorcare.com](http://www.pacificfloorcare.com)

APPLICATION FOR EMPLOYMENT

(Please Print All Information)

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| --- | --- | --- | --- | --- |
| (PLEASE PRINT) Last Name First Middle | | | | Date |
| Street Address | | | | Home Phone  ( ) |
| City, State, Zip | | | | Business Phone  ( ) |
| How long at this address? | | How did you learn of employment opportunity? | | Social Security No. |
| Email Address | | | | |
| Are you 18 years of age or older? 🞏 Yes 🞏 No | | | | |
| Are you currently authorized to be lawfully employed in the U.S.? 🞏 Yes 🞏 No | | | | |
| Valid Drivers 🞏 Yes  License No. 🞏 No | Driver’s License No. | | Exp. Date | |

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| --- | --- | --- | --- | --- | --- |
| School | NAME AND LOCATION | NO. YEARS  COMPLETED | DID YOU  GRADUATE? | DEGREE/  DIPLOMA | COURSE/  MAJOR |
| Grammar |  |  | 🞏 YES  🞏 NO |  |  |
|  |
| High School |  |  | 🞏 YES  🞏 NO |  |  |
|  |
| College |  |  | 🞏 YES  🞏 NO |  |  |
|  |
| Voc./Business |  |  | 🞏 YES  🞏 NO |  |  |
|  |
| Other |  |  | 🞏 YES  🞏 NO |  |  |
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| --- | --- |
| Have you served in the Armed Forces? 🞏 Yes 🞏 No | If yes, what  branch of service? |
| Rank at Date  of Discharge? | |
| List service skills obtained: | |
|  | |
|  | |
| Period of Active Duty: From To | |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been  terminated by another  company?  🞏 Yes 🞏 No | If yes, explain: | |  |
|  | |  |
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|  | |  |
| **List below all employers during the past ten years. List most recent position first.** | | | |
| Employer: phone# | | List Your Duties: | |
| Address: | |  | |
| City/State/Phone #: | |  | |
| From: Mo./Yr. To: Mo./Yr. | |  | |
| Job Title: | | Reason for Leaving: | |
| Wage: | |  | |
| Supervisor’s Name: | |  | |
| Employer: phone# | | List Your Duties: | |
| Address: | |  | |
| City/State/Phone #: | |  | |
| From: Mo./Yr. To: Mo./Yr. | |  | |
| Job Title: | | Reason for Leaving: | |
| Wage: | |  | |
| Supervisor’s Name: | |  | |
| Employer: phone# | | List your Duties: | |
| Address: | |  | |
| City/State/Phone #: | |  | |
| From: Mo./Yr. To: Mo./Yr. | |  | |
| Job Title | | Reason for Leaving: | |
| Wage: | |  | |
| Supervisor’s Name: | |  | |
| Employer: phone# | | List your Duties: | |
| Address: | |  | |
| City/State/Phone #: | |  | |
| From: Mo./Yr. To: Mo./Yr. | |  | |
| Job Title | | Reason for Leaving: | |
| Wage: | |  | |
| Supervisor’s Name: | |  | |
| Employer: phone# | | List your Duties: | |
| Address: | |  | |
| City/State/Phone #: | |  | |
| From: Mo./Yr. To: Mo./Yr. | |  | |
| Job Title: | | Reason for Leaving | |
| Wage: | |  | |
| Supervisor’s Name: | |  | |

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| **List all relatives or acquaintances who work for our company. (NOTE: The employment of a relative or acquaintance is not a**  **qualification for or hindrance to employment and will not result in preference in employment.)** | | | | |
| NAME | ADDRESS | | TELEPHONE NUMBER | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| **List three persons other than relatives or former employees whom you have known for at least one year.** | | | | |
| NAME | | ADDRESS | | TELEPHONE NUMBER |
|  | |  | |  |
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| Position | | Date you  can start | | Salary  desired |
| Have you ever worked here before? 🞏 Yes 🞏 No | | Have you ever applied here before? 🞏 Yes 🞏 No | | |
| Are you now employed? 🞏 Yes 🞏 No | If yes, please check  🞏 Full time 🞏 Part time 🞏 Temporary | | Are you on layoff and subject to recall? 🞏 Yes 🞏 No | |
| Are you available for overtime work?  🞏 Yes 🞏 No | What shifts can you work?  🞏1st 🞏2nd 🞏3rd | | What transportation would you use to and from work? | |

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| **NOTE: A guilty plea or a conviction of a felony is not an automatic bar to employment; all circumstances will be considered.** |

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| Have you ever been convicted of or are you presently charged with a felony? 🞏 Yes 🞏 No |
| If so, state the nature of the felony: |
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| --- | --- | --- |
| **TERMS AND CONDITIONS OF APPLICATION FOR EMPLOYMENT** | | |
| I, the undersigned applicant for employment, certify that the facts contained in this application are true and complete. I understand and agree that false statements, misrepresentations or significant omissions in this application or during any subsequent interview, form proper grounds for not hiring me or for terminating my employment if discovered at a later date.  I authorize investigation of all statements contained herein along with previous employers, references, and educational institutions, and any credit agencies or reporting services which have information about me, to give the Company any and all information and opinions about me in their possession. I hereby waive written notice of such release information and opinions, and release all parties from all liability, claim, or any damage that may result from furnishing same to the Company. I also authorize and request federal, state, and local governmental agencies to release to the Company any information requested concerning any criminal convictions on my record.  **TERMS AND CONDITIONS OF APPLICATION FOR EMPLOYMENT (Continued)** | | |
| I understand and agree that all employment with the Company is on an at-will basis, and may be terminated by the employee or the Company at any time for any cause or no cause. I understand and agree that no one employed by the Company except the Chairman of the Board by a specific written contract for a specific term of years naming the employee and signed by the employee and the Chairman of the Board has any authority to offer employment other than on an at-will basis.  I agree that the contents of any lockers, desks or other Company property I may be using, and of any of my own property I bring onto the Company’s premises (including without limitation cars, packages, lunch boxes, and purses) may be inspected by the Company at any time, and I waive and promise not to make any claims against the Company (or its employees, owners, or agents) relating to such inspection.  I understand and agree that as part of the employment process, I will be subject to a drug screen test. I agree to have such examination at any time during the course of my employment. I further understand and agree that once an offer is extended, I will be subject to a medical examination from a health care professional. I waive and release and promise not to make any claims against the Company (or any testing agency retained by it, or their employees, directors, owners and agents) relating to any such testing, or from lawful decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.  I agree that the Company may disclose or discuss any information or opinions relating to me or my employment to employees of the Company or third parties, and I waive and release and promise not to make any claims against the Company (or its employees, owners or agents) relating to any such disclosure or discussion.  I agree that, except as directed otherwise by the Company, I will not disclose to anyone or use for my own purposes, any of the Company’s confidential or proprietary information, either during or after my employment. I understand and agree that the Company’s trade secrets, building, costs, pricing and marketing information and techniques, designs, methods of engineering and production, financial and market information, computer software, sources of supply, and customer names and information are confidential and proprietary information of the Company; I also agree that I will not make written or other copies of notes regarding these matters except necessary to preform my job, and I agree that if my employment with the Company ends, I will deliver to the Company all material of any kind that I have relating to the Company, including any such copies or notes. I also agree that I will disclose and assign to the Company any invention, design or process which I conceive or develop while employed by the Company relating to the Company’s business which I develop or conceive while with the Company, and that all such designs or conceptions shall be the property of the Company.  I agree that I will not commence any claim or lawsuit relating to my employment with the Company (or termination of the employment) more than six (6) months after the termination of my employment, and I agree to waive any statute of limitations to the contrary. I understand that this means that even if the law would give me the right to wait a longer time to make a claim, I am waiving that right, and that any claims not brought within six (6) months after my employment ends will be barred.  I understand that this application will be considered active for a period of 60 days and that I will not be considered for employment after 60 days from the date of this application unless I complete a new application at that time.  I agree to the above terms of employment. I agree that if any of the above commitments by me is ever found to be legally unenforceable as written, the particular agreement concerned shall be limited to allow its enforcement as far as legally possible. I understand and agree that, except as provided above, al benefits, programs, rules and policies of the Company are subject to exceptions or change at any time as decided by the Company.  Date: Applicant’s Signature: | | |
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| **DO NOT WRITE BELOW THIS LINE** | | |
| Interviewed by: | | Date: |
| Comments: | | |
| Hired: | Position: | |
| Department: | Approved by (Employment Manager): | |