



102 Stimpson Street, P. O. Box 287, Watertown, WI 53094

Instructions: Fill-in fields, download and send to employment@zbmclean.com

APPLICATION FOR EMPLOYMENT

Today's Date: _____

Name _____ Phone # _____
First Middle Last

Address _____
Number & Street City State Zip Code

Date of Birth* ____ / ____ / ____ Do you have your own vehicle? ____ Are you authorized to work in the U.S.A.? ____

Have you filled out an application or been employed here before? ____ If yes, give date(s): _____

Are you currently employed? ____ If yes, please provide: shift start time ____ shift end time ____

Name & Location of School # of years Graduated?

High School _____

College/Technical _____

Please describe any special training, apprenticeship, skills, and extra-curricular activities that may enhance or impair your ability to work: _____

The following questions have to do with the janitorial business. Please answer all of the questions.

Have you ever done janitorial work before? ____ Where? _____

How long were you there? ____ Have you ever worked for a janitorial business before? ____

Name of company? ____ Full or part-time? ____ How long were you there? ____

Name of building you worked? ____ Wage? _____

What were your duties? _____

Position you are applying for: ____ How did you hear about this position? _____

MILITARY SERVICE

What branch? ____ Dates of service? From ____ to ____ Rank at time of discharge? _____

Type of discharge ____ If other than honorable, explain: _____

EMPLOYMENT RECORD

List each job held, starting with current or last job:

Employer _____ Address _____
Telephone # _____ Employed from ____ to ____ End wage _____
Job title _____ Work performed _____
Supervisor _____ Reason for leaving _____

Employer _____ Address _____
Telephone # _____ Employed from ____ to ____ End wage _____
Job title _____ Work performed _____
Supervisor _____ Reason for leaving _____

Employer _____ Address _____
Telephone # _____ Employed from ____ to ____ End wage _____
Job title _____ Work performed _____
Supervisor _____ Reason for leaving _____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

REFERENCES

Please list names, addresses and phone numbers of three references who are not related to you or living with you:

- 1. _____
- 2. _____
- 3. _____

Do you want FULL or PART-time work? _____ Reason for part-time? _____
 How long do you plan to work part-time? _____

Availability:

SUNDAY _____ MONDAY _____ TUESDAY _____ WEDNESDAY _____
 From _____ to _____ From _____ to _____ From _____ to _____ From _____ to _____

THURSDAY _____ FRIDAY _____ SATURDAY _____
 From _____ to _____ From _____ to _____ From _____ to _____

How many hours do you want to work each week? _____

If hired, when could you begin? _____ Do you have reliable transportation to get to work? _____ Yes _____ No
 Date

AUTHORIZATION TO RELEASE INFORMATION

Complete Name: First _____ Middle _____ Last _____

Street Address _____ City _____ State _____ Zip Code _____

How long have you lived at the above address? _____ Please list previous address: _____

I, the undersigned, do hereby authorize any police agency to do an open record check and release any information that they may have in their records under my name and date of birth to ZBM, Inc. Releasing police agencies from liability for damage resulting from unauthorized use of said information.

Signature _____ Date of Birth _____ Social Security Number _____

PERMISSION FOR REFERENCE RELEASE

Please be advised that I am applying for employment with ZBM, Inc. As part of my application, I authorize ZBM, Inc. to request educational, personal, and employment references. I also release from any and all liability all individuals and organizations who provide information to the company in good faith concerning my employment competence, ethics, character and other qualifications, including otherwise privileged or confidential information.

Date _____ Signature _____ Former Name _____

It is ZBM, Inc.'s policy not to hire or rehire individuals who use any illegal or dangerous drug, without a medically acceptable prescription, in any amount and regardless of frequency or occasion.

Federal law prohibits the employment of unauthorized aliens. If an employment relationship is established, you will be required to submit satisfactory proof of employment authorization and identity within three (3) business days of being hired. Failure to submit such proof within the required time will result in immediate termination.

I certify that all statements made herein are true and complete. I understand that any misstatement or omission of fact shall be sufficient cause for denial of employment. I consent to investigation by ZBM, Inc. of all references and previous employers to secure additional information. I release from any and all liability all representatives of ZBM, Inc. for their acts performed in good faith in connection with evaluating my application, credentials and qualifications.

I understand that any offer of employment is contingent upon the satisfactory completion of investigation of my work record and references. If I am employed by ZBM, Inc. I understand my employment can be terminated by either ZBM, Inc. or me at will, with or without cause, and with or without notice, at any time.

Signature _____ Date _____

FOR OFFICE USE ONLY

Hired? _____ Starting date _____ When (day & time) _____ Where _____

Building hired for _____ Full or part-time _____ Wage _____

Employee number: _____ Comments: _____