

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

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

APPLICATION FOR EMPLOYMENT	Toda	Today's Date:		
Name		Phone #	Phone #	
First Middle	Last			
Address	0'1.	01-1-	7'- 0-1-	
Number & Street	City	State	Zip Code	
Date of Birth*/ Do you have				
Have you filled out an application or been empl	- -	•	• •	
Are you currently employed?	If yes, please provide	: shift start time	shift end time	
Name & Location of S	School	# of years	Graduated?	
High School				
College/Technical				
Please describe any special training, apprentice to work:			ay enhance or impair your ability	
The following questions have to do with the jani	itorial business. Please an	swer all of the question	ons.	
Have you ever done janitorial work before?	Whe	re?		
How long were you there? Ha	ive you ever worked for a ja	anitorial business befo	ore?	
Name of company?Name of building you worked?	Full or part-time?	Wage:	ong were you there?	
What were your duties?				
Position you are applying for:	How did you	hear about this posit	on?	
MILITARY SERVICE				
What branch? Dates of ser Type of discharge If or	vice? From to _	Rank at	time of discharge?	
EMPLOYMENT RECORD	ulei ulaii lioliolabie, explai			
List each job held, starting with current or last jo	ob:			
Employer				
Telephone #			End wage	
Job title				
Supervisor	•			
Employer	Address			
Telephone #			End wage	
Job title	Work perform	ned		
Supervisor				
Employer	Address			
Telephone #		m to		
Job title	· ·			
Supervisor		aving		

^{*}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, address	•		not related to yo	u or living with you:		
1 2						
3						
Do you want FULL or PAR How long do you plan to wo	Γ-time work? ork part-time?	Reason for part-time?			_ _	
Availability: SUNDAY From to	MONDAY t	TUESDAY	to	WEDNESDAY from to		
THURSDAY Fromto How many hours do you w	FRIDAY Fromt ant to work each week? _	SATURDAY oFrom	to			
If hired, when could you be		ou have reliable transportat			No	
	<u>AUTHORIZ</u>	ATION TO RELEASE INFO	<u>RMATION</u>			
Complete Name: F	irst I	Middle	Last			
Street Address		City	State	Zip Code		
How long have you lived at	the above address?	Please list previous	address:			
l, the undersigned, do hereb n their records under my nai unauthorized use of said info	me and date of birth to ZBN	ncy to do an open record che M, Inc. Releasing police age	eck and release a ncies from liability	ny information that they m y for damage resulting fror	ay have n	
Signature	Date of Birth Social Security Number					
	DED. 4100		-1 - 4 0 -			
educational, personal, and e	applying for employment w mployment references. I a n good faith concerning my	ION FOR REFERENCE RE vith ZBM, Inc. As part of my a ilso release from any and all y employment competence, e	application, I authliability all individu	uals and organizations wh	o provide	
Date	Signature		Former N	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 prescrip in any amount and regardless of frequency or occasion.						
	employment authorization a	aliens. If an employment rela and identity within three (3) bu rmination.				
cause for denial of employm	ent. I consent to investigat iny and all liability all repres	implete. I understand that an ion by ZBM, Inc. of all referent sentatives of ZBM, Inc. for the s.	nces and previou	is employers to secure add	ditional	
I understand that any offer of references. If I am employed without cause, and with or w	d by ZBM, Inc. I understand	upon the satisfactory complet my employment can be term	etion of investiga minated by either	tion of my work record and ZBM, Inc. or me at will, w	d rith or	
Signature		Date				
		FOR OFFICE USE ONLY ay & time)				