

APPLICATION FOR EMPLOYMENT

BEST CLEANERS of MADISON, Inc. is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex religion, disability or national origin.

Date / /

Employment Desired

Position	Date You Can Start	Salary Desired	Type of Employment Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
----------	--------------------	----------------	---

Are you employed now? YES NO If so may we contact your present employer? YES NO

Have you ever applied to this company before? YES NO Where? When?

Personal Information

Last Name First Name Middle Name

Address (number, Street, City, State, Zip Code) Email address

Social Security Number Telephone Number Referred By

Education

High School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	
College Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	

General

Special Courses or Training

Experience/Skills Related to the Position for Which You Are Applying

US MILITARY or RANK
NAVAL SERVICE

REFERENCES Give below the names of three

NAME	ADDRESS	PHONE	BUSINESS	Yrs known

State any additional information you feel may be helpful to us in considering your application.

Employment History (list Present or Most Recent Positions First)

Name of Employer	Address (Number, Street, City, State, Zip Code)
------------------	---

Phone	Type of Business	Department	Your Position
-------	------------------	------------	---------------

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
----------------------------------	------------------------------	-----------------	--------------

Reason for Leaving

Name of Employer	Address (Number, Street, City, State, Zip Code)
------------------	---

Phone	Type of Business	Department	Your Position
-------	------------------	------------	---------------

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
----------------------------------	------------------------------	-----------------	--------------

Reason for Leaving

Name of Employer	Address (Number, Street, City, State, Zip Code)
------------------	---

Phone	Type of Business	Department	Your Position
-------	------------------	------------	---------------

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
----------------------------------	------------------------------	-----------------	--------------

Reason for Leaving

I certify that the information provided is true and correct to the best of my knowledge and that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Signature _____ **Date** _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY	DATE
----------------	------

REMARKS

HIRED	WILL REPORT	POSITION / LOCATION	EMPLOYEE ID	WAGE
-------	-------------	---------------------	-------------	------