

PLEASE PRINT ALL  
INFORMATION  
REQUESTED EXCEPT SIGNATURE

**CLEAN-A-MANIACS**  
P. O. Box 2745  
Clackamas, OR 97015

**EMPLOYEE  
APPLICATION**

**This application is current for thirty (30) days only and must be filled out completely.**

Date of Application: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Expected Earnings \_\_\_\_\_

Why do you want to work for us? \_\_\_\_\_

|  |  |  |
|--|--|--|
| ARE YOU AT LEAST 18 YEARS OLD?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | DATE AVAILABLE TO START WORK   | ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAVE YOU EVER APPLIED AS A CONTRACTOR FOR THIS COMPANY?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, state when.</i> | HAVE YOU EVER WORKED AS A CONTRACTOR FOR THIS COMPANY?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, list dates.</i>                                  |  |
| HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, give details.</i>  | LEVEL OF EDUCATION:<br><input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Technical School<br><input type="checkbox"/> Other _____ |  |

| EMPLOYMENT EXPERIENCE |       |       | <i>List your present or last job first and continue in reverse order. Do not omit any time periods since formal schooling completed. Include all periods of unemployment, military service, and part-time work. If more space is needed, use the back of this page.</i> |   |               |                    |
|-----------------------|-------|-------|---|---|---------------|--------------------|
| NO.                   | DATES |       | EMPLOYER NAME, FULL ADDRESS, CITY, STATE AND ZIP  | GIVE YOUR JOB TITLE AND A BRIEF DESCRIPTION OF YOUR JOB | TOP WAGE RATE | REASON FOR LEAVING |
|                       | FROM  | TO    |   |   |               |                    |
| <b>1</b>              | MO/YR | MO/YR |   |   |               |                    |
|                       |       |       |   |   |               |                    |
|                       |       |       |   |   |               |                    |
|                       |       |       | LAST SUPERVISOR   | DAY PHONE NO.   |               |                    |
| <b>2</b>              | MO/YR | MO/YR |   |   |               |                    |
|                       |       |       |   |   |               |                    |
|                       |       |       |   |   |               |                    |
|                       |       |       | LAST SUPERVISOR   | DAY PHONE NO.   |               |                    |
| <b>3</b>              | MO/YR | MO/YR |   |   |               |                    |
|                       |       |       |   |   |               |                    |
|                       |       |       |   |   |               |                    |
|                       |       |       | LAST SUPERVISOR   | DAY PHONE NO.   |               |                    |
| <b>4</b>              | MO/YR | MO/YR |   |   |               |                    |
|                       |       |       |   |   |               |                    |
|                       |       |       |   |   |               |                    |
|                       |       |       | LAST SUPERVISOR   | DAY PHONE NO.   |               |                    |

May we contact your present employer?  Yes  No

**SPECIAL SKILLS AND QUALIFICATIONS:** Summarize special skills and qualifications acquired from employment or other experience that are related to the position applied for \_\_\_\_\_

Do you have any physical limitations that preclude you from performing the work for which you are being considered?  YES  NO

If yes, please explain: \_\_\_\_\_

**HOBBIES OR INTERESTS:** \_\_\_\_\_

Days and hours available to work  Mon \_\_\_\_\_  Tues \_\_\_\_\_  Wed \_\_\_\_\_  
 Thurs \_\_\_\_\_  Fri \_\_\_\_\_  Sat \_\_\_\_\_

Do you have reliable transportation?  YES  NO

Driver's License No. \_\_\_\_\_ State Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

Auto Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

| REFERENCES | LIST THREE PERSONS WHO KNOW YOU WELL (not relatives or employers) |                     |                           |                |
|------------|---|---------------------|---------------------------|----------------|
| NAME       | FULL ADDRESS<br>(City, State and Zip Code)                        | DAY<br>PHONE NUMBER | OCCUPATION OR<br>BUSINESS | YEARS<br>KNOWN |
|            |   |                     |                           |                |
|            |   |                     |                           |                |
|            |   |                     |                           |                |

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Relationship \_\_\_\_\_

**ALL APPLICANTS READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW**

I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that if I am accepted as a Contractor, falsification of this information or deliberate omission of a material fact in my application is grounds for termination of the Contractor Agreement.

It is my understanding that the Company may make a thorough investigation of my entire work and personal history and may verify all data given in my application, related papers, or oral interview. I specifically authorize any of the persons or organizations referenced in this application to give you any and all information they might have, personal or otherwise, with regard to any subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

|                           |                          |
|---------------------------|--------------------------|
| -- FOR OFFICE USE ONLY -- | Comments: _____<br>_____ |
| Interview: _____          |                          |
| Start Date: _____         |                          |