

# APPLICATION FOR EMPLOYMENT



6430 Eastland Road, Cleveland, Ohio 44142  
Telephone: 440-816-0190 Facsimile: 440-816-0165

## PERSONAL INFORMATION

FULL NAME:	
HOME ADDRESS:	PHONE: (    )
CITY, STATE, ZIP:	

## WORK HISTORY

(List in order starting with the most recent Employer first, your last 3 jobs)

**PLEASE EXPLAIN ANY GAPS BETWEEN JOBS**

May we contact your present employer?  YES  NO

JOB APPLYING FOR, PLEASE CHECK ONE:

<input type="checkbox"/> SUPERVISION	<input type="checkbox"/> FLOOR TECH	<input type="checkbox"/> CLEANING
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1. Are you a past employee of Ameri-Serve?  YES  NO If yes, please give dates: \_\_\_\_\_
2. Are you related to a current or past employee of Ameri-Serve?  YES  NO
3. Do you know any current or past employee of Ameri-Serve?  YES  NO

Name of Employer _____	Dates Employed: <b>From:</b> _____ <b>To:</b> _____
Address _____	TELEPHONE #: _____
Reason for Leaving: _____	
Job Title/Duties: _____	
Name of Employer _____	Dates Employed: <b>From:</b> _____ <b>To:</b> _____
Address _____	TELEPHONE #: _____
Reason for Leaving: _____	
Job Title/Duties: _____	
Name of Employer _____	Dates Employed: <b>From:</b> _____ <b>To:</b> _____
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**YOUR ANSWERS TO THE FOLLOWING ARE LOOKED UPON ONLY AS FACTORS TO BE CONSIDERED IN THE EMPLOYMENT DECISION AND ARE EVALUATED IN TERMS OF JOB RELATEDNESS-PLEASE ANSWER ALL QUESTIONS.**

1. If hired by Ameri-Serve do you plan to work at any other company during the day?  Yes  No
  
2. Do you have any time commitments to another employer, individual, or institution that might interfere with your employment? If "yes", please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Please indicate the amount of "actual" experience you have had in the following categories:

TYPE OF EXPERIENCE	YRS/MTHS
Janitorial	
Floor Equipment (Auto Scrubbers, Burnisher, Extractors, Hi-Speeds)	
Hiring/Training of Staff	
Supervisory Experience - How many people did you oversee? _____	
Inventory Control	
Payroll Calculations	
Computer Programs familiar with:	
Other, please explain:	

4. Are there any other expiries, skills, or qualifications which you think qualify you for work our Company? Please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. Please list any certifications, licenses, seminars, educational courses which you think qualify you for work with our company? Please list: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
6. Do you have e-mail? \_\_\_\_\_ Do you have a cell phone? \_\_\_\_\_

*If hired, you acknowledge that your employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or yourself. I authorize investigation of all statements made on application, and understand misrepresentation or omission of facts is cause for IMMEDIATE DISMISSAL.*

Our company is committed to maintaining a workplace free of illegal drugs and alcohol. Therefore, in accordance with Company policies, if hired the Company reserves the right for randomly testing of all employees for drugs and/or alcohol. A drug and/or alcohol test will be required within the first ninety days of employment.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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## AUTHORITY TO RELEASE INFORMATION

We appreciate your interest in employment with Ameri-Serve. As part of our normal procedure for processing applications, a routine inquiry into your background will be made. This inquiry typically concerns information on an applicant's character, general reputation, personal characteristics, and mode of living. Further information on the nature and scope of such an inquiry, if one is made, is available to you upon written request.

Please read the following statements and indicate your agreement by signing below.

I hereby authorize Ameri-Serve or other authorized representative of the Company bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, law enforcement, or educational records including, but not limited to, academic, achievement, attendance, personal history, and disciplinary records.

I hereby direct you to release such information upon request of the bearer. This release is executed with the full knowledge and understanding that the information will be used in connection with the consideration of my employment by Ameri-Serve.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, credit bureau, law enforcement agency, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for all damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any question as to the validity of this release, you may contact me as indicated below.

FULL NAME: \_\_\_\_\_  
(Signature) **Required** (Date)

FULL NAME: \_\_\_\_\_  
(Please Print Clearly)

**WITNESS:** \_\_\_\_\_  
(Signature) (Date)

CURRENT ADDRESS: \_\_\_\_\_  
(Street) (City & State)

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_  
MONTH DAY YEAR

**THE INFORMATION REQUESTED ON THIS FORM WILL BE USED IN CONNECTION WITH THE CONSIDERATION OF YOUR EMPLOYMENT BY AMERI-SERVE.**