



APPLICATION FOR EMPLOYMENT
 501 N. Five Mile, Boise, Idaho 83713
 Main # 208.378.8167 Fax # 208. 378.9465

PERSONAL INFORMATION

DATE _____

NAME _____ SS# _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE # _____
 Are you 18 years or older? YES _____ NO _____
 If no, Are you 16 years or older? YES _____ NO _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES
 & CAN YOU FURNISH SUCH PROOF IF HIRED? YES _____ NO _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____
 A YES ANSWER DOES NOT PREVENT YOU FROM BEING HIRED.

PLEASE EXPLAIN IF NECESSARY: _____

EMPLOYMENT

POSITION: _____ DATE YOU CAN START _____ SALARY DESIRED _____
 ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____ NAME OF PRESENT EMPLOYER _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY _____

EDUCATION	NAME/LOCATION OF SCHOOL	# OF YEARS	GRADUATE	SUBJECTS
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE				

GENERAL

SUBJECTS OF SPECIAL STUDY _____

SPECIAL SKILLS: _____

ACTIVITIES: _____

IF HIRED, RANDOM DRUG TESTING IS REQUIRED,
ARE YOU WILLING TO TAKE A DRUG TEST? YES _____ NO _____

HAVE YOU TAKEN ANY ILLEGAL DRUGS IN THE PAST 12 MONTHS YES _____ NO _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS OR IMPAIRMENTS THAT WOULD INHIBIT YOU
FROM PERFORMING JANITORIAL DUTIES . YES _____ NO _____

Indication of YES does not automatically disqualify you from employment with Pro Power Clean, Inc.
EXPLAIN: _____

In order to qualify for this job you must be able to lift
and carry a minimum of 30lbs by yourself. YES _____ NO _____

FORMER EMPLOYERS;

(LIST BELOW YOUR LAST THREE EMPLOYERS, START WITH THE LAST ONE FIRST)

DATE-MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
TO: _____ FROM: _____				
TO: _____ FROM: _____				
TO: _____ FROM: _____				

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

REFERENCES: (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR).

NAME	ADDRESS	BUSINES	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY _____
NAME RELATIONSHIP PHONE

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IN ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Date _____ Signature _____