

LAST NAME

The ProClean Promise: A mission to be the best at ProClean. Our goal is to be the leading provider of choice for one-stop fabric care needs, using state-of-the-art equipment and employing friendly, conscientious employees. ProClean will provide our customers with value and service that meets or exceeds their expectations.

ARE YOU

Team Member Application

FIRST

APPLICANT INSTRUCTIONS

Employment decisions are made on the basis of qualifications to perform the job for which you are applying, and available positions. Qualifications include education, training, work experience and other factors which are relevant in determining job performance. Credentials and experience will be verified though schools, former employers and any licensing/certification agencies, if applicable. As an Equal Opportunity Employer, decisions to hire and promote are made without regard for race, color, national origin, sex, physical or mental disability, age, or religion.

Thank you for your interest in employment with our company. Our people make us successful and the employment process is an important aspect of building our team. We appreciate your application, and are glad you have shown an interest in joining our team.

Please complete the following application and authorization for release of information form. Please print all information so it may be clearly read. Be certain all forms are completely filled out and signed. Incomplete applications will not be considered. Use the abbreviation "NA" if a particular provision or section in the form is not applicable to you.

MIDDLE

PERSONAL HISTORY

NICKNAME (Optional)

SOC. SEC. NO.

					(1	Proof required	'	ELIGIBLE TO BE EMPLOYED IN THE U.S.?
STREET		Д	PT./SUI T E#					ARE YOU 18 YEARS OR
CITY			STATE ZI		ZIP CODE			OLDER? YES INO I
PHONE NO. (days) (eves.) (alternative)								
	E	MPLOYME	NT DESI	RED AND	AVAILABI	LITY		
Position You Are Applying F	or:			Wag	ge Requirement	:		_
Date Available To Start Wor	Date Available To Start Working: Number of Hours Desired:							
ProClean is open seven days a (hours NOT available may eliminate			that regard, plea	se indicate the hou	ırs you <u>WILL BE</u>	available for wor	rk:	
HOURS AVAILABLE		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MUST BE AVAILABLE Saturday & Sunday	FROM:							
	TO:							
Do you have your own tran-	sportation?	TYES TO NO	5	-	•		•	
Do you plan to work elsewh	nere or attend	school while emp	ployed here?	TYES TO	10			
Do you have any other obli	gations which	would affect wor	king as schedu	iled? TYES	□ NO			
What are your reasons or g	oals for seeki	ng the position ye	ou have indicat	ed?				

Date	
Store Location	
Position	

Employers have a legal duty in regard to each employee's safety. Ye er risk of injury because of a physical or mental condition. As an E with Disabilities Act also allows us to make certain that each emploto your personal evaluation as to your abilities to perform the essential elements.	qual Opportunity Employer, we consider appl oyee is capable of performing the essential fu ential functions as described in the job descr	icants for employment reg inctions of the job with or	pardless of their disabilit without a reasonable a	ties; however, in add ccommodation. The	dition to our own requirement, the Americ refore, you must be honest with us in re
Do you have the physical and/or mental capabilities to perform the	·	NO If no, state the acco	mmodation that would a	allow you to perform	n the job.
Are you currently abusing drugs or alcohol?	0				
	EMPLOYMENT RECORD				
Are you currently employed? YES NO We routinely co	ontact an applicant's current employer for refe				_
May we contact previous employers?	please explain				-
LIST PREVIOUS EMPLOYMENT INFORMATION					-
1. Current or Last Employer					
Name, Address	Te	lephone Number			_
Position Duties	Superviso	r	From/To		_
Reason for Leaving	Beginning Wage	Ending Wage	Average Hours	Worked	_
2. Next Previous Employer					
Name, Address	Te	lephone Number			_
Position Duties	Superviso	r	From/To	/	_
Reason for Leaving	Beginning Wage	Ending Wage	Average Hours	Worked	-
3. Next Previous Employer					
Name, Address	Te	lephone Number	_		_
Position Duties	Superviso	r	From/To		_]
Reason for Leaving					
Any additional employers – use additional sheet of paper.					
rang additional employers— as additional sheet of paper.					
Please explain all periods of employment, or periods of time unacc	counted for in above				-
			_		-
Have you ever been dismissed from employment? ☐YES ☐	NO If Yes, please explain				-
Use this space to give us information about your personal skills or	qualities, work style, interpersonal ability or o	communication skills whic	h would assist us in pla	cing you	-
					-

		EDUCATION	ļ		
SCHOOL NAME		ADDRESS / CITY /	DID YOU GRADUATE?	LAST YEAR COMPLETED	
GRADE SCHOOL					
HIGH SCHOOL					
COLLEGE					
TRADE / BUS / VOC					
U.S. MILITARY BRANCH	FINAL RANK	DATES OF SERVICE	SPECIAL TRAINING RECEIVED		
		N CONVICTED OF A CRIME. IF	•	•	
ESSARILY BAR YOU FROM Do You Have A Relative or F	Friend In The Employ of Pri	oClean? YES NO If Yes,	Please Give Name A	nd Relationship	
ESSARILY BAR YOU FROM Do You Have A Relative or F	Friend In The Employ of ProClean?	oClean?	Please Give Name A	nd Relationship	
Do You Have A Relative or Have You Ever Worked For Proc	Friend In The Employ of ProClean?	oClean?	Please Give Name Al ☐ Friend	nd Relationship	
Do You Have A Relative or F Have You Ever Worked For Proc What prompted you to apply for D Employee Referral / Nam	Friend In The Employ of Price Clean? YES NO If work here? Compane	oClean?	Please Give Name Al	nd Relationship	
Do You Have A Relative or Feature or Proceed to the Proceed For Proceedings of Proceed For Proceedings of Procedings of Pro	Friend In The Employ of Price	oClean?	Please Give Name Ai Friend Other	nd Relationship	

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS					
	Yes	No			
1. Have you held jobs which required waiting on customers?	?				
2. Do you like dealing with the public?					
3. Have you had any experience at cashier work?					
4. Have you had to count money in your work?					
5. Have you used a cash register before?					
6. Have you used computers?					
7. Are you a person that prides his/herself on timeliness?					
8. Will you work any shift?					
9. Do you mind doing paperwork?					
10. On prior jobs, did you supervise any person or persons?					
11. Have you hired people before?					

TYPE OF WORK PREFERRED	POSITION DESIRED	YEARS EXPERIENCE IN THIS WORK
Customer Service Dry Cleaning Coin Laundry Production	1.	
Pressing Shirt Laundry • Management • Other	2.	
	3. s in this company with whom you a	are acquainted

- 1. I certify that all information given on this application is true, correct and complete to the best of my knowledge. I understand deliberate falsification of this information is grounds for dismissal in accordance with ProClean policy.
- 2. I authorize ProClean to investigate all facts contained in my application for employment, and authorize the release of any and all information by present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, including opinions as to my work habits and attitude toward safety, supervisors and co-workers. I also understand that as part of the processing procedure for my employment application, an investigative report may be made concerning my character, general reputation, personal characteristics, credit background and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. I hereby release and discharge all parties providing information to Proclean from any and all liability which might otherwise result from the furnishing of such information.
- 3. If employed by ProClean, I agree to abide by its rules and regulations. I understand that operating conditions may require me to work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or the management.
- 4. I understand that my employment may be subject to the successful completion of a health examination and a drug and/or alcohol screen, and that my continued employment may be contingent upon successfully completing any drug and/or alcohol screen as required.
- 5. I further understand that this is an application for employment and that no employment contract, either expressed or implied, is being offered; and I understand that if employed, such employment is for an indefinite period and is subject to change in wages, conditions, benefits, and operating policies. Any misrepresentation by me in this application will be sufficient cause for cancellation of this application or immediate dismissal.
- 6. I understand and agree that if employed, the employment will be "at will", that is, either I or ProClean may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by ProClean does not imply employment and that this application and/or any other ProClean documents are not contracts of employment.
- 7. This application is current for only 30 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.
- 8. Employees and former employees are prohibited from releasing to any other party any information whatsoever about ProClean which is of a confidential nature, or which could be deemed to constitute a "trade secret". Employees or former employees are further prohibited from using, in any manner whatsoever, information which is confidential, proprietary, or privileged, whether for their personal benefit or gain, or for that of any other person. Any information which has not been disclosed publicly in writing should be treated as confidential and proprietary.

Signed this the	day of	, 20	
Applicant Signature		Witness Signature	