

SUPREME SWEEPING SERVICES, INC.

APPLICATION FOR EMPLOYMENT

ALL QUESTIONS MUST BE ANSWERED

Federal and/or state legislation prohibits discrimination in employment because of race, color, religion, sex, national origin, citizenship status, ancestry, age, marital status, veteran status and disability/handicaps.

POSITION APPLIED FOR:	DATE: AVAILABLE START DATE:
NAME: LAST FIRST MIDDLE	SOC. SEC. NO.:
ADDRESS: NUMBER STREET APT NO.	HOME PHONE:
CITY STATE ZIP	CELL PHONE:

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

-IF YES, GIVE SPECIFICS: _____

DO YOU HAVE RELIABLE TRANSPORTATION TO WORK? YES NO

RECORD OF EDUCATION

NAME	CITY/STATE	DIPLOMA/ DEGREE	CREDIT HOURS	MAJOR

LICENSURE, CERTIFICATION, OR OTHER TRAINING

STATE	TYPE	NUMBER	DATE OF EXPIRATION

MILITARY HISTORY

HAVE YOU SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE ENTERED:
BRANCH:	RANK:
DATE DISCHARGED:	HONORABLE DISCHARGE: <input type="checkbox"/> YES <input type="checkbox"/> NO
-IF NO, GIVE SPECIFICS:	

EMPLOYMENT HISTORY

INDICATE ALL EMPLOYERS BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER.
CONTINUE ON A SEPARATE SHEET IF NECESSARY.

EMPLOYED FROM:	TO:
COMPANY NAME:	PHONE NO.:
COMPLETE ADDRESS:	
STARTING POSITION:	STARTING SALARY:
FINAL POSITION:	FINAL SALARY:
NAME OF SUPERVISOR:	
LIST MAIN DUTIES PERFORMED:	
REASON FOR LEAVING:	

EMPLOYED FROM:	TO:
COMPANY NAME:	PHONE NO.:
COMPLETE ADDRESS:	
STARTING POSITION:	STARTING SALARY:
FINAL POSITION:	FINAL SALARY:
NAME OF SUPERVISOR:	
LIST MAIN DUTIES PERFORMED:	
REASON FOR LEAVING:	

EMPLOYED FROM:	TO:
COMPANY NAME:	PHONE NO.:
COMPLETE ADDRESS:	
STARTING POSITION:	STARTING SALARY:
FINAL POSITION:	FINAL SALARY:
NAME OF SUPERVISOR:	
LIST MAIN DUTIES PERFORMED:	
REASON FOR LEAVING:	

HAVE YOU EVER BEEN SUSPENDED OR DISCHARGED FROM EMPLOYMENT? YES NO
 -IF YES, PLEASE EXPLAIN _____

ARE YOU REGISTERED WITH THE "MUST" SAFETY PROGRAM? YES NO
 -IF YES, HOW MANY MODULAR COURSES ARE YOU REGISTERED FOR? _____

FOR EMPLOYER USE ONLY

INTERVIEWED BY: _____ DATE: _____

HIRED: YES NO

POSITION: _____ START DATE: _____

PLEASE READ CAREFULLY

I understand that Supreme Sweeping Services, Inc. ("Company") requires that I submit to an alcohol and drug screening test prior to being hired. I consent and agree to provide blood and urine specimens for alcohol and drug-screening analysis. I understand and agree that the Company also will require me to undergo a physical examination and I consent to the same. I also consent to an investigation of my driving record and criminal history. I understand that any offer of employment by the Company will be contingent on the results of this investigation. _____ (Initial)

I certify that all of the answers and information given by me in this application are true, accurate, and complete without qualification. If I am hired, I understand that if the Company at any time determines that any of the requested information was withheld by me or any of the statements furnished above are false, inaccurate, or misleading, I will be subject to immediate dismissal. I authorize investigation of all information contained in this application and also authorize full disclosure of my present and prior work records by any former employer. I understand that employment arising out of this application is contingent upon the results of this investigation. I release any employer from any obligation to provide me with written notification of any information disclosed. I understand that this may include a record of disciplinary action assessed by the employer. _____ (Initial)

I recognize that this application is not an offer for a contract of employment. I further recognize and agree that if I am employed by the Company such employment will not result in a contract for employment and that the Company may terminate my at-will employment at any time for any reason or for no reason at all. I further recognize that if I am employed by the Company, I will receive compensation and benefits and be subject to rules and regulations contained in an Employee Handbook, among other places; but I agree that such compensation, benefits, rules and regulations are subject to change by the Company with or without notice to me. I acknowledge that my assigned work hours and place of work may be modified by the Company. I recognize I will be required to work overtime as needed. _____ (Initial)

I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. ANY AGREEMENT ALTERING THE TERMINABLE AT-WILL NATURE OF THE EMPLOYMENT RELATIONSHIP MUST BE IN WRITING AND SIGNED BY ME AND THE CHIEF EXECUTIVE OFFICER OF THE COMPANY. _____ (Initial)

I AGREE THAT ANY ACTION OR SUIT AGAINST THE COMPANY ARISING OUT OF MY EMPLOYMENT OR TERMINATION OF EMPLOYMENT INCLUDING, BUT NOT LIMITED TO, CLAIMS ARISING UNDER STATE OR FEDERAL CIVIL RIGHTS STATUTES, MUST BE BROUGHT WITHIN 180 DAYS OF THE EVENT GIVING RISE TO THE CLAIMS OR BE FOREVER BARRED. I WAIVE ANY LIMITATION PERIODS TO THE CONTRARY.
_____ (Initial)

DATE

SIGNED

NAME PRINTED