

TEAM MEMBER APPLICATION

Welcome!

Clean, Inc. is an Equal Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, marital status, veteran status, or the presence of a non-job-related medical condition or handicap.

We are the largest Dry Cleaner in New Mexico, and we are accepting applications for full and part-time positions. We are committed to providing the best service in dry cleaning and laundry in New Mexico. Thank you for your time to carefully read and complete this application.

What's in it for you?

**Convenient Locations • Paid Vacations • Workable scheduling • Learning Atmosphere
• Earn Money • Fast-paced environment • Holiday pay**

What are we looking for?

Availability- We are open 6 days a week (Monday-Saturday). You are expected to be available some hours everyday, though you will not necessarily be scheduled everyday we are open. On your scheduled days you will be expected to arrive in a timely manner and depending upon the work load, you may occasionally be required to work beyond your scheduled time.

Courtesy- Our business requires that you are courteous, friendly, respectful, and helpful with customers and fellow employees at all times.

Willingness- You must be willing to: learn, follow our dress code, maintain a high energy level, follow procedures, and maintain a positive attitude.

After reviewing the information above, if you are still interested in employment with Clean, Inc., please complete the rest of the application.

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PLEASE ANSWER ALL QUESTIONS

NAME _____ **DATE** _____

TELEPHONE NUMBER _____ **CELL PHONE NUMBER** _____

Have you ever been employed by our company before? Yes _____ No _____

WHAT PROMPTED YOU TO APPLY HERE? **CIRCLE ANSWER(s)**

COMPANY IMAGE SAW SIGN CLASSIFIED AD AGENCY FRIEND RELATIVE EMPLOYEE REFERRAL OTHER _____

List any friends or relatives currently working for our company _____

Yes No Unsure

____ Can you follow company procedures and policies?
____ Can you arrive on time every day you are scheduled?
____ Do you have reliable transportation to get to work.
____ Do you plan to work elsewhere or attend School while employed here?

If given a choice would you rather _____ Work in front with customers or _____ Work in back on the press

I am looking for: Part-time _____ Full-time _____ Temporary or summer employment _____

I would prefer to work: AM _____ PM _____ No Preference _____

PLEASE LIST THE TIMES YOU ARE AVAILABLE TO WORK:

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

If your availability changes, it is your responsibility to advise your manager in writing

If hired I would be available to start on _____

ARE YOU AT LEAST 21 YEARS OLD? YES _____ NO _____ IF NO, BIRTHDATE? _____

Rate of pay expected: START _____ 6 MONTHS _____ 1 YEAR _____

If you are employed by Clean Inc., would you be willing to submit to a verbal or written examination at any time, to assist in resolving shortages of cash and/or merchandise that might occur? YES _____ NO _____

NAME _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

How long have you lived at your present address? _____

IS YOUR CITIZENSHIP OR IMMIGRATION STATUS SUCH THAT YOU CAN LAWFULLY WORK IN THE US? YES _____ NO _____

DURING THE PAST 7 YEARS, HAVE YOU EVER BEEN CONVICTED OR PLEADED GUILTY TO A CRIME, EXCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS? YES _____ NO _____

IF YES, DESCRIBE IN FULL (A conviction will not necessarily bar you from employment) _____

NAME OF SCHOOL	GRADUATED		# OF COLLEGE CREDIT HOURS	MAJOR
	YES	NO		
HIGH SCHOOL				
EXTRACURRICULAR ACTIVITIES				
WORK STUDY PROGRAM				
COLLEGE				
OTHER				

COMPANY NO. 1 (PRESENT OR MOST RECENT EMPLOYER)			ADDRESS/PHONE NUMBER		
EMPLOYED (MONTH & YEAR)		RATE OF PAY		AVERAGE NUMBER OF HOURS WORKED PER WEEK	
FROM	TO	START	ENDING		
POSITION(S) HELD			SUPERVISOR'S NAME/POSITION		
DESCRIBE YOUR DUTIES					
MAY WE CONTACT THIS EMPLOYER?			DAYS LOST FROM WORK		
YES _____ NO _____					
REASON FOR LEAVING					
COMPANY NO. 2			ADDRESS/PHONE NUMBER		
EMPLOYED (MONTH & YEAR)		RATE OF PAY		AVERAGE NUMBER OF HOURS WORKED PER WEEK	
FROM	TO	START	ENDING		
POSITION(S) HELD			SUPERVISOR'S NAME/POSITION		
DESCRIBE YOUR DUTIES					
MAY WE CONTACT THIS EMPLOYER?			DAYS LOST FROM WORK		
YES _____ NO _____					
REASON FOR LEAVING					

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment.

I authorize you to verify any and all information provided above. In addition, I authorize the references listed above to give you any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability from any damage that may result from furnishing the same to you.

If employed I agree to conform to the rules and regulations of Clean, Inc. and understand that I will be an employee at-will, and my employment may be terminated at any time by me or Clean, Inc. with or without notice, for any reason. I understand that no Clean, Inc. representative has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I also release Clean, Inc. from any liability from providing information about my employment record to any prospective employer, government agency, or other party having a legal and proper interest.

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE AND IS SUBJECT TO CONFIRMATION. I HAVE READ AND UNDERSTAND THE ABOVE. I AM SIGNING THIS APPLICATION OF MY OWN FREE WILL.

APPLICANT'S SIGNATURE _____

DATE _____

DO NOT WRITE BELOW THIS LINE (ONLY NECESSARY IF HIRED)

IN CASE OF AN EMERGENCY CONTACT _____ AT _____

