

DUDLEY LAUNDRY CO.
dba APPEARA
APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS GOOD FOR 30 DAYS

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage, or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking individuals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative.

PLEASE PRINT

Date of Application: _____ Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-In Employment Agency Other _____

Name _____
Last First Middle

Present Address _____ How long lived there? _____
Street City State Zip Code

Previous Address _____ How long lived there? _____
Street City State Zip Code

Home Phone _____ Cell Phone _____ Email _____

Have you filed an application here before? Yes No If yes, provide date: _____

Have you ever been employed here before? Yes No If yes, provide date & position held: _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you 18 years of age or older? Yes No *(If under 18, hire is subject to verification that you are of minimum legal age.)*

If hired, are you able to submit evidence of your identity and legal right to work in this country? Yes No

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodations?
 Yes No Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.

On what date, would you be available for work? _____ Expected Salary: _____

Are you available to work: Full-Time Part-Time Temporary What Days? S M T W T F S

Are you on lay-off and subject to recall? Yes No If yes, please explain: _____

List professional, trade, business, or civic activities and offices held. (You may exclude those which indicate race, color, disability, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers:

EDUCATION:

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, sex, disability or national origin.

School Name:	Elementary	High School	College/University	Graduate/Professional
Years completed (circle):	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:	Name: Location: Length of Course: Was Course Completed: Subject: General:			

Are you currently attending school? ___Yes ___No Do you plan to return to school? ___Yes ___No

Honors received: _____

Special skills, hobbies, and qualifications, including those acquired from employment or other experience that have a direct bearing on the position for which you are applying: _____

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate for example, race, color, religion, sex disability, or national origin.

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone:			
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone:			
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
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Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone:			
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			

Have you ever been terminated from employment? ___Yes ___No If so, when? _____

Why? _____

If there are gaps in employment, please explain _____

CHECK TYPES OF WORK IN WHICH YOU HAVE HAD EXPERIENCE

Accounting	Purchasing	Electrical
Bookkeeping	Commercial Laundry	Mechanical
Route Sales	Dry Cleaning	Welding
Retail Sales	Plumbing	Other

State any additional information you feel may be helpful to us in considering your application. _____

APPLICANT TO COMPLETE REMAINDER OF THIS PAGE ONLY IF APPLYING AS A DRIVER OR VEHICLE OPERATOR

DRIVER QUALIFICATIONS

	STATE	LICENSE NO	TYPE	EXPIRATION DATE
DRIVER				
LICENSE				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, FLAT, ETC.)	DATE FROM	DATE TO	EXPIRATION DATE
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACKOR - TWO TRAILERS				
OTHER				

DRIVER ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT:			
NEXT PREVIOUS:			
NEXT PREVIOUS:			

(Attach sheet if additional space is necessary)

DRIVER TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATIONS	DATE	CHARGE	PENALTY

(Attach sheet if additional space is necessary)

- Have you ever been denied a license, permit or privilege to operate a motor vehicle or had any license, permit or privilege suspended or revoked? Yes___ No___ If Yes, provide details _____

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application and I understand that any false or misleading information provided during the application or interview process may result in my immediate discharge if I am hired, regardless of when discovered. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY LAWFUL OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE IN WRITING.**

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this Company against any liability which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Signature of Applicant

Date