



22 N. Washington St.  
Ypsilanti, Michigan 48197

734. 482.1800 **PH**    734.482.1801 **Fax**    info@populistcleaning.com **Email**

### Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, gender, age, national origin, ancestry, physical or mental disability, sexual orientation, or veteran status.

<b>Name:</b> _____			
<b>Address:</b> _____		<b>City</b> _____	<b>State</b> _____ <b>Zip</b> _____
<b>Phone:</b> _____		<b>Alt. Phone:</b> _____	
<b>E-mail address</b> _____			

Position applied for: \_\_\_\_\_ How did you hear of this opening? \_\_\_\_\_

Date You Can Start \_\_\_\_\_ Desired hourly wage \$ \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?    Y    N  
(You are required to provide appropriate documentation.)

How many hours per week are you available to work? \_\_\_\_\_

What times of day are you available to work? \_\_\_\_\_

Are you willing to work in multiple locations?    \_\_\_Multiple is fine    \_\_\_One is preferred    \_\_\_Either is fine

How far are you willing to travel? \_\_\_\_\_

Do you have reliable transportation to and from work?    Y    N

Are You Employed Now?    Y    N    If yes, may we contact your current employer?    Y    N

Have you ever worked for Populist Cleaning Co. or any of its subsidiaries?    Y    N

Have you ever been convicted of a felony? (This will not necessarily affect your application.)    Y    N

If yes, please describe condition: \_\_\_\_\_

\_\_\_\_\_

## Education

### High School

Name/Location \_\_\_\_\_

Years Attended \_\_\_\_\_ Did you Graduate? \_\_\_\_\_

### College

Name/Location \_\_\_\_\_

Years Attended \_\_\_\_\_ Did you Graduate? \_\_\_\_\_

Subjects Studied: \_\_\_\_\_

### Trade/Business School

Name/Location \_\_\_\_\_

Years Attended \_\_\_\_\_ Did you Graduate? \_\_\_\_\_

Subjects Studied: \_\_\_\_\_

### Other Special Training/Skills: Please list here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Employment History

 Begin with most recent employer. If necessary, attach additional information on a separate sheet.

Company Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Starting Date: \_\_\_\_\_ Leaving Date \_\_\_\_\_ Job Title \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Title: \_\_\_\_\_

May we contact this person? Y N Phone #: \_\_\_\_\_

Description of your responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Starting Date: \_\_\_\_\_ Leaving Date \_\_\_\_\_ Job Title \_\_\_\_\_  
Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Title: \_\_\_\_\_  
May we contact this person? Y N Phone #: \_\_\_\_\_  
Description of your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Starting Date: \_\_\_\_\_ Leaving Date \_\_\_\_\_ Job Title \_\_\_\_\_  
Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Title: \_\_\_\_\_  
May we contact this person? Y N Phone #: \_\_\_\_\_  
Description of your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Starting Date: \_\_\_\_\_ Leaving Date \_\_\_\_\_ Job Title \_\_\_\_\_  
Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Title: \_\_\_\_\_  
May we contact this person? Y N Phone #: \_\_\_\_\_  
Description of your responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Give the names of 3 persons, not related to you, whom you have known at least one year.**

Name	Phone	Yrs. Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Read and initial each provision, then sign below.**

**Certification**

I, \_\_\_\_\_, certify the information provided in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for immediate dismissal. I understand that Populist Cleaning Co. is an “at will” employer which means that either I or Populist Cleaning Co. can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on this basis.

\_\_\_\_\_ **(INITIAL)**

**Verification/Background Check Authorization**

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

\_\_\_\_\_ **(INITIAL)**

I \_\_\_\_\_, hereby authorize Populist Cleaning Co. to conduct background checks in the following areas: verification of past employment; education; references; criminal history; driving record.

\_\_\_\_\_ **(INITIAL)**

**Statute of Limitations**

I further recognize that if employed by the Company, I agree, in partial consideration for my employment, that I shall not commence any action or other legal proceeding relating to my employment or the termination thereof more than six months after the termination of such employment and agree to waive any statute of limitations to the contrary.

\_\_\_\_\_ **(INITIAL)**

**Accommodations**

I acknowledge that if I need an accommodation for a disability that I must notify my employer in writing within 182 days of knowing or having should have known of the need for an accommodation. \_\_\_\_\_ **(INITIAL)**

I hereby declare that I understand and agree with the foregoing provisions.

Print Name Here \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_