



**P.O. Box 908
Middletown, CT 06457
860-913-7672**

EMPLOYMENT APPLICATION

This application will be kept active for 90 days. To be considered for employment after that time, a new application must be submitted.

Please Print

Name (Last, First, Initial)				Date of Application	
Current Address (Number, Street, Apartment)			City		State
			Zip Code		How Long
List Prior Addresses for the last five years starting with the most recent	1.				How Long?
	2.				
	3.				
	4.				
Social Security Number	Home Telephone	Work Phone	Cell Phone		Are you 18 years of age or older?
Are you related to or acquainted with anyone employed by Clean Solutions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide their name and relationship.					
If driving is a requirement of the job for which you are applying, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How did you find out about this position? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Department of Labor <input type="checkbox"/> Other _____					
Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date _____					
Do you have the legal right to work permanently in the United States <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no please explain _____ _____ _____					
Have you ever been convicted of a felony or misdemeanor <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what was the nature of the offense(s): _____ _____ _____					

Position(s) or type of work applying for:	On what date would you be available for work?	Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temporary
List any professional or occupational licenses, certifications, designations, or registrations that you currently hold.		
<hr/> <hr/> <hr/>		
Describe any specialized training, skills, and other language skills (besides English) you feel may be helpful to us in considering your application.		
<hr/> <hr/> <hr/>		

EDUCATION

Name and Address	Dates Attended From/To	Did you Graduate ? Yes/No	Highest grade completed	Type of Degree Received	Number of Credit Hours	Average Grade
High School						
College/ University						
Trade School						
Other						
Other						

MILITARY

Have you served in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, in what Branch?		
Length of Service	Rank at Separation	If you are member of a reserve organization, provide the name of the organization.
Training Received	Service Duties	
Dates of Service		

EXPERIENCE

In the spaces provided below, describe your work experience in detail, beginning with your current or most recent job. Use a separate block for each position and provide an explanation of any gaps in employment. If needed, attach additional sheets using the same format as on the application. **NOTE a resume will not be accepted in lieu of completion of this application. However, a resume may be included as a supplement to this application and may be referenced at "Specific Duties" only. All spaces must be filled in.**

Employer	Employment Dates (month/year) Start _____ End _____	Hours Per Week
Address	Reason for Leaving	
Job Title	Annual/Hourly Salary Starting _____ Ending _____	
Specific Duties: <input type="checkbox"/> See Resume		
Supervisor's Name and Title		Telephone

If this is your current employer may we contact? Yes No

Employer	Employed (month/year) Start _____ End _____	Hours Per Week
Address	Reason for Leaving	
Job Title	Annual/Hourly Salary Starting _____ Ending _____	
Specific Duties: <input type="checkbox"/> See Resume		
Supervisor's Name and Title		Telephone

Employer	Employed (month/year) Start _____ End _____	Hours Per Week
Address	Reason for Leaving	
Job Title	Annual/Hourly Salary Starting _____ Ending _____	
Specific Duties: <input type="checkbox"/> See Resume		
Supervisor's Name and Title		Telephone

Employer	Employed (month/year) Start _____ End _____	Hours Per Week
Address	Reason for Leaving	
Job Title	Annual/Hourly Salary Starting _____ Ending _____	
Specific Duties: <input type="checkbox"/> See Resume		
Supervisor's Name and Title		Telephone

PERSONAL REFERENCES

Give the name; address and telephone number of three references who are not related to you and who are not previous employers.

1. _____

2. _____

3. _____

APPLICANT'S STATEMENT

By signing this application, I certify: That this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal. Further, Clean Solutions or its agents may request employment information from my previous employers and persons or corporations who provide information related to my previous employment and will be released from any liability or damage. Also, I agree if required to undergo a medical examination by a company designated physician and understand that medical approval must be obtained before employment can be effected. I have noted that Clean Solutions is an Equal Opportunity Employer and ad applicants receive lawful consideration for employment without regard to Race, Religion, Color, Sex, Sexual orientation, Age, National origin, Disability, or Veteran Status. I realize that if I am hired, Clean Solutions reserves the right to terminate my employment whenever the need arises.

EMPLOYMENT IS SUBJECT TO: SATISFACTORY REFERENCE REPORTS FAVORABLE REPORTS FROM OUTSIDE AGENCIES ON VERIFICATION OF INFORMATION SUPPLIED

I certify that the above information is true. I understand that any misrepresentation or omission on my part of the facts in this application may result in immediate dismissal or refusal of employment. My signature below indicates that I have read, understood, authorized, and consented to the statements set out in the above paragraphs.

Signature of Applicant _____ Date _____

I grant my former employer(s) permission to discuss my work history.

Signature of Applicant _____

APPLICANTS PLEASE DO NOT WRITE BELOW THIS LINE	
First Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewed by:
Second Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	Interviewed by:
Hired <input type="checkbox"/> Yes <input type="checkbox"/> No if yes salary \$ _____ <input type="checkbox"/> Annually <input type="checkbox"/> Hourly	
Requisition Number _____	Position _____ Start Date _____