



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

FILL OUT THIS DOCUMENT COMPLETELY, SAVE THE FILE, ATTACH TO EMAIL AND SEND TO - OSHKOSH LOCATION: oshkosh@jetstreamclean.com OR FOND DU LAC LOCATION: fonddulac@jetstreamclean.com

Name _____
LAST / FIRST / M.I.

Present Address _____
STREET / CITY / STATE / ZIP

Permanent Address _____
(If different) STREET / CITY / STATE / ZIP

Phone Number (_____) _____

Are you at least 18 years old? Yes No If No, are you at least 16 years old? Yes No

Do you have a valid driver's license? Yes No Can you drive a stick shift? Yes No
Not required for employment, but helpful. Not required for employment, but helpful.

Are you eligible for employment in this country? Yes No
Verification will be required prior to start of employment.

Have you ever been convicted or have charges pending for any crime which is related to duties of the position for which you are applying? Yes No

If yes, please explain: _____
Arrests or convictions will not disqualify applicant from employment, and will only be considered as they relate to the job in question.

Employment Desired

Position: _____ Date you can start? _____

Have you ever worked for this company before? _____ Where?/When? _____

Referred By: _____

What hours are you available?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Will your available hours stay the same from week to week? Yes No

Education	Name and Location of School	No. of years attended	Did you graduate?	Subjects Studied
High School				
College				
Business or Trade School				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment History

(List below last three employers, starting with the last one first.)

Date (month & year)	Name and Address of Employer	Salary	Position
From:			
To:			
Reason for Leaving?			
Job Duties:			

Date (month & year)	Name and Address of Employer	Salary	Position
From:			
To:			
Reason for Leaving?			
Job Duties:			

Date (month & year)	Name and Address of Employer	Salary	Position
From:			
To:			
Reason for Leaving?			
Job Duties:			

May we call your current employer? Yes No

References

(Please do not list relatives or personal friends.)

Name	Address	Phone Number	Occupation
1			
2			
3			

PLEASE READ CAREFULLY BEFORE SIGNING

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by Walter Tack.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I also understand that all rules, manuals, employee handbooks, or personnel policies are descriptive only. They do not form any sort of contract between myself and the employer, and they may be unilaterally changed, or not applied, as the employer believes to be in the best interest of the company at the time.

Date: _____ Type Your Name for Signature: _____

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