



1210 Ann St.
Madison, WI 53713
Phone: 608-258-3131
Fax: 608-258-7364

415 W. Wisconsin Ave.
Appleton, WI 54911
Phone: 920-830-8383
Fax: 920-830-8483

3636 N. 124th St.
Milwaukee, WI 53222
Phone: 414-393-9400
Fax: 414-393-9405

Application For Employment

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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

PLEASE PRINT when completing this application. You must fill out the application completely to be considered for employment.

Position (s) Applied For		Date of Application	
How did you hear about us? <input type="checkbox"/> Advertisement, which? _____ <input type="checkbox"/> Internet, which? _____			
<input type="checkbox"/> Friend/Relative (not an employee) <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Other _____			
Last Name	First Name	Middle Name	
Permanent Address	City	State	Zip Code
Telephone Number (s)		Social Security Number	

Have you filed an application with KleenMark, DnS Corporation or Hoffman Chemical before? Yes No
If yes, give month/year applied _____

Have you been employed with KleenMark, DnS Corporation or Hoffman Chemical before? Yes No
If yes, give month/year left _____

Are you currently employed? Yes No May we contact your present or most recent employer? Yes No

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Can you submit verification of your legal right to work in the U.S.? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what day would you be available to begin employment with us? _____

Are you available to work: Full time Part time

Can you travel if the job requires it? Yes No

Do you currently have any pending charges against you, or have you ever been convicted of, pleaded guilty or no contest to, been placed on probation, fined, imprisoned or incarcerated, or paroled for any offense, other than minor traffic violations? *A pending charge or conviction will not automatically disqualify an applicant from employment.* Yes No

If yes, please explain with details of the crime, conviction date, county and state it occurred and the circumstances.

AVAILABILITY (Please list time of day available: example 5pm-10pm)

Monday _____ Friday _____
Tuesday _____ Saturday _____
Wednesday _____ Sunday _____
Thursday _____

Approximate number of hours per week you are interested in working: _____

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from past employment or any other experience that you feel may be helpful when considering your application.

MILITARY EXPERIENCE

Describe any job-related training you have received in the Military.

SPECIALTY SKILLS (check all those that apply)

- MS Excel MS Word MS Power Point MS Publisher MS Outlook
 MS Access Fax Calculator Scanner

Production/Mobile Machinery (list): _____

EDUCATION

Highest grade level of education earned: _____

Diploma/ Degree earned	School Name	City/State	Years Attended	Area of Specialization
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT HISTORY

You may attach your resume, but do not substitute your resume in place of this section. You must fill out the application completely to be considered for employment. Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicates race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer	Date Employed		Duties Performed
	From	To	
	Address		
	Telephone Number ()		
	Job Title	Supervisor	
	Hourly Rate/Salary		
	Starting	Final	
Reason for Leaving			
2. Employer	Date Employed		Duties Performed
	From	To	
	Address		
	Telephone Number ()		
	Job Title	Supervisor	
	Hourly Rate/Salary		
	Starting	Final	
Reason for Leaving			
3. Employer	Date Employed		Duties Performed
	From	To	
	Address		
	Telephone Number ()		
	Job Title	Supervisor	
	Hourly Rate/Salary		
	Starting	Final	
Reason for Leaving			
4. Employer	Date Employed		Duties Performed
	From	To	
	Address		
	Telephone Number ()		
	Job Title	Supervisor	
	Hourly Rate/Salary		
	Starting	Final	
Reason for Leaving			
If you need additional space, please continue on a separate sheet of paper.			

REFERENCES

Give the names of three business references, not related to you, whom you have known for at least 6 months.

Name	Company Name	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Read Carefully and sign below if you agree to these terms of employment.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements of this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references 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 all parties from all liability for any damage that may result from furnishing them to you.

I authorize and request my former employers, references, educational institutions, and credit agencies or reporting services which have information about me, to give KleenMark, any and all information and opinions about me in their possession and I release them from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies, including probation officers, to release to KleenMark any information requested concerning any criminal convictions on my record. A photocopy or fax of this signed authorization and waiver shall be valid as an original.

I understand that employment with this employer is at will and understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature _____

Date _____



COMPLETING THIS FORM IS VOLUNTARY AND IS NOT A REQUIREMENT FOR EMPLOYMENT

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position applied for. The information requested on this sheet is for the purpose of our compliance with these record-keeping requirements and to determine recruiting and employment patterns. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT CLEARLY

Applicant Name: _____ Date: _____

Position Applying for: _____

Race

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races (Not Hispanic or Latino)

Sex

- Female
- Male



REFERENCE QUESTIONNAIRE

KleenMark applicant to complete this section:

I have applied with KleenMark for employment. In order for me to be considered, KleenMark needs to be fully advised of my work history with you. I hereby request that you furnish all relevant information and authorize it's release to KleenMark without risk of penalty, legal, civil or any other liability relating to personal privacy or civil rights.

Applicant Signature: _____ **Date:** _____

STOP HERE STOP HERE STOP HERE STOP HERE STOP HERE

KleenMark office to complete this section:

Name of Company: _____ Today's Date: _____

Name of Job Applicant: _____ SS Number: _____

Other names used (if applicable): _____

Dates of employment indicated on application: *From:* _____ *To:* _____

Reference Company to complete this section:

Please indicate dates of employment from your records: _____ to _____

Employee's Reason for Leaving:

Resigned with notice	_____	Dismissed	_____
Resigned without notice	_____	Laid off	_____
Failed to return upon leave of absence	_____	Walked off job	_____
		Other	_____

Employee's General Performance:

Attendance: Very Good _____ Satisfactory _____ Poor _____ Other _____

Reliability: Very Good _____ Satisfactory _____ Poor _____ Other _____

Honesty: Very Good _____ Satisfactory _____ Poor _____ Other _____

Quality of Work: Very Good _____ Satisfactory _____ Poor _____

Attitude: Very Good _____ Cooperative _____ Poor _____

Punctuality: Always on Time _____ Usually on Time _____ Often on Time _____

Is this person eligible for rehire? Yes _____ No _____ Yes, but conditionally _____

Other Comments:

Company: _____ Signature: _____ Title: _____