

# **Clear Facility Services, Inc. Employment Application**

Please complete the entire application.

## **1. Employer Information**

Employer: CLEAR FACILITY SERVICES, INC.

Address: 5201 Eden Avenue Suite #300

City/State/ZIP: Edina, Minnesota 55436

Telephone: 952-900-2215

It is the policy of CLEAR FACILITY SERVICES, INC. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

## **2. Applicant Information**

Applicant Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License (State/Number): \_\_\_\_\_

### **3. Emergency Contact**

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**4. Job Position Applied For:** \_\_\_\_\_

Full or Part Time? \_\_\_\_\_

**5. Salary Desired:** \$ \_\_\_\_\_ per \_\_\_\_\_

**6. Who referred you to our company?** \_\_\_\_\_

Do you have any friends or relatives who work here? If yes, please list here:

\_\_\_\_\_

**7. Have you applied to our company previously?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when? \_\_\_\_\_

**8. Are you at least 18 years old?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**9. How will you get to work?** \_\_\_\_\_

**10. Are you willing to work any shift, including nights and weekends?** \_\_\_\_\_ Yes \_\_\_\_\_  
No

If no, please state any limitations:

\_\_\_\_\_

**11. If applicable, are you available to work overtime?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**12. If you are offered employment, when would you be available to begin work?**

\_\_\_\_\_

**13. If hired, are you able to submit proof that you are legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**14. Applicant's Skills**

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number that corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Skill	Years of Experience	Rating
<input type="checkbox"/> Janitorial	_____	1 2 3 4 5
<input type="checkbox"/> English	_____	1 2 3 4 5
<input type="checkbox"/> Spanish	_____	1 2 3 4 5
<input type="checkbox"/> Scheduling Systems	_____	1 2 3 4 5
<input type="checkbox"/> General Computer	_____	1 2 3 4 5
<input type="checkbox"/> Email	_____	1 2 3 4 5
<input type="checkbox"/> Strip & Waxing	_____	1 2 3 4 5
<input type="checkbox"/> Commercial Floor Scrubbers/Cleaners	_____	1 2 3 4 5
<input type="checkbox"/> Commercial Carpet Cleaners	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

**15. Applicant Employment History**

List your current or most recent employment first. Please list all jobs (including self-employment and military service) that you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

## **16. Applicant's Education and Training**

College/University Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, degree(s) received: \_\_\_\_\_

High School/GED Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, degree(s) received: \_\_\_\_\_

Other Training (graduate, technical, vocational):

\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_

Awards, Honors, Special Achievements:

\_\_\_\_\_

Military Service:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

## 17. References

List any two non-relatives who would be willing to provide a reference for you.

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

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

18. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

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## Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

I authorize CLEAR FACILITY SERVICES, INC. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of CLEAR FACILITY SERVICES, INC., except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

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Applicant Signature

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Date