

NOTICE TO APPLICANTS

GENERAL INFORMATION

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to age, race, color, sex, religion, national origin, handicap, or marital status. Your opportunity for employment will be based solely upon your qualifications and ability to perform the job for which you are being considered.

We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job related functions. You may also be required to complete a post job offer medical history questionnaire and for undergo a medical examination. Upon request, all entering employees in the same job category will be required to complete the same medical questionnaire and/or examination. All medical information will be kept in confidential files.

We also maintain a Drug-Free Workplace as defined by the Rules of the State of Florida, Department of Health and Rehabilitative Services, Chapter 10E-18, Florida Administrative Code, Drug-Free Workplace Standards, and the Florida Department of Labor and Employment Security pursuant to rules for Workers' Compensation Drug Testing, 38F-9, a complete copy of which is maintained by the employer for review by employees upon request.

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that in accordance with Florida Statute 443.131 (3) (a) (2), if hired, I will be placed on a 90-day probationary status. I further understand that if I am terminated for unsatisfactory work performance within this 90 day probationary period, the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination. _____(Initial)

I understand, under Rules of the State of Florida for Drug-Free Workplaces, as condition of my employment, I must take and pass a pre-employment urine and/or blood test at authorized threshold levels for any or all of the drugs or alcohol listed by the employer's Drug-Free Workplace policy statement, copies of which have been provided to me and a copy, executed by me, returned to the employer. _____(Initial)

I further understand, subject to confidentiality constraints and rights of appeal granted by State and Federal law, if the results of my pre-employment drug and/or alcohol tests are POSITIVE (indication substance abuse) and are received by the employer prior to or within the 90-day probationary employment period, notwithstanding any other disciplinary provisions contained in the employer's Drug-Free Workplace Policy statement, I will be terminated for cause under the provisions of Worker's Compensation Drug Testing Rule 38F-9.004 (3) (b) and the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination. _____(Initial)

I understand and agree that all policies, procedures, whether written, published or orally communicated by the employer may be modified, amended, or deleted by the employer with or without notice to me of such changes(s); that the employer's policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and if hired, my employment may be terminated at my option or at the option of my employer with or without prior notice to either party, I also agree there are no other written or oral arrangements, agreements, or understandings regarding the terms of my employment and that any amendments or exceptions to the statement must be in writing and signed by a person(s) duly authorized by the employer. _____(Initial)

I certify that all information given to the employer by me in the form of an employment application, resume, or related papers, or answers given by me during oral interviews, are true and correct. I understand the employer will make a thorough investigation of my past work and personal history. I authorize the giving and receiving of any such information requested by the employer in the course of such investigation and hereby release from liability all persons who provide such information to the employer. I understand that falsification or any derogatory information discovered as a result of investigation may subject me to immediate dismissal for cause and the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination. _____(Initial)

Applicant's Printed Name

Date

Applicant's Signature

Witness' Printed Name

Date

Witness' Signature

STANLEY STEEMER

Employment Application

Stanley Steemer requires a drug screen at company expense after extending a conditional offer of employment.

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age or veteran status, or the presence of a non-job related condition or disability. No question is intended to secure information to be used for such discrimination.

Any offer of employment is contingent upon your ability to comply with INS regulations establishing your identity and right to work in the United States.

This application must be completed in INK. A resume may be attached, but does not substitute for completion of this application. Please answer all questions; if a question is not applicable, so indicate with a "N/A" or "NONE".

Date: _____

Position Applying For: _____

Referred To Stanley Steemer By: _____

Name: _____ PERSONAL

Current Address: _____
Last First Middle

Number Street City State Zip Code

County: _____ Phone: () - Social Security Number: _____

Previous Address: _____

Number Street City State Zip Code

County: _____ Phone: () -

Please provide information regarding any change of name or nickname that will assist in checking references and/or past employment: _____

In case of emergency, who should be notified? Name: _____

Relationship: _____ Home Phone () - Work Phone: () -

List relatives, if any, currently employed by Stanley Steemer: _____

When will you be able to begin work? _____

Are you available to work? Full Time [] Full Time Temporary [] Part Time [] Temporary [] YES NO

Have you previously filed an application with Stanley Steemer? [] []

If yes, date: _____ Location: _____

Have you been previously employed by Stanley Steemer? [] []

If yes, date: _____ Location: _____

Are you legally eligible for employment in the United States? [] []

Can you provide proof of U.S. Citizenship or immigration status upon employment? [] []

Are you over 18? (Applicable to manufacturing or carpet cleaning position) [] []

Are you able to perform the essential job functions of the position for which you are applying with or without an accommodation? [] []

Can you travel if a job requires it? [] []

YES NO

Are you a licensed driver?

Give license number, state registered and expiration date: _____

Can you work overtime when necessary?

Are you presently on layoff and subject to recall?

Have you had any accidents, moving violations or tickets received in the last 3 years?

If yes and you are applying for a position that may require you to drive a company vehicle, please give details and dates of any accidents, moving violation or tickets received in the last 3 years:

Have you been convicted of any violation of federal, state, county or municipal law, regulation or ordinance within the last seven years? *Convictions will not necessarily disqualify an applicant from employment.* YES NO

If Yes, Explain: _____

WORK EXPERIENCE

(Begin with present or most recent position, give exact dates.)

Company:	Dates Employed: From: / / To: / /
Address:	Salary, Starting: Ending:
Phone:	Position Held:
Supervisor:	Duties and responsibilities:
Reason for leaving:	
Company:	Dates Employed: From: / / To: / /
Address:	Salary, Starting: Ending:
Phone:	Position Held:
Supervisor:	Duties and responsibilities:
Reason for leaving:	
Company:	Dates Employed: From: / / To: / /
Address:	Salary, Starting: Ending:
Phone:	Position Held:
Supervisor:	Duties and responsibilities:
Reason for leaving:	
Company:	Dates Employed: From: / / To: / /
Address:	Salary, Starting: Ending:
Phone:	Position Held:
Supervisor:	Duties and responsibilities:
Reason for leaving:	

YES NO

May we contact references:

Please explain any period(s) of unemployment which are not attributed to medical reason: _____

EDUCATION AND TRAINING					
School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma?
High School					
College					
Computer Experience					
Other Skills or Qualifications					

Typing: _____ WPM CRT: _____ KSPH SHORTHAND: _____

REFERENCES (List those with whom you have had a business relationship)			
Name	Company	Title	Phone Number
1.			() -
2.			() -
3.			() -

ACTIVITIES AND INTEREST

(Excluding those which indicate race, color, religion, sex, national origin or disability)

What hobbies do you enjoy? _____

In what professional associations are you a member? _____

AGREEMENT (Please read carefully and sign)	
I certify that the answers given on this application are true and complete to the best of my knowledge and that any misrepresentation or material omission is cause for immediate dismissal whenever discovered.	
I hereby acknowledge that Stanley Steemer may require verification of age if employed, and may require a drug test and/or physical examination at company expense after extending a conditional offer of employment depending on the specific job applied for.	
I hereby release my previous employers and all others from all liability as a result of providing information regarding me, my employment, and my educational record. I authorize you to engage an investigative consumer-reporting agency to report on my credit and personal history, should you decide to. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.	
I understand that this employment application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment, and may be terminated by the employer at any time and for any reason. I understand any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.	
This application will be given every consideration, but its receipt does not imply this applicant will be employed. I hereby acknowledge that I have read all of this agreement and understand the same.	
Signature of Applicant	Date

DEPARTMENT USE ONLY

Interviewer Name and Comments: _____

Results: _____



Employment Release Form

Company Name: _____

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons and educational agencies to supply any information concerning my background and criminal history. I also hereby release any of the above parties from any liability and responsibility arising from their doing so. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

Applicant's Name: _____

Applicant's Address: _____

City/State/Zip: _____

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Race: _____ Sex: _____

Drivers' License Number: _____

Applicant Signature: _____ Date: ____ / ____ / ____