

385 109th Ave NE.  
Blaine, MN 55434

Store Location: \_\_\_\_\_



Tel: 763-757-2441  
Fax: 763-4452096  
Email: info@drycleanmax.com  
www.drycleanmax.com

## EMPLOYEE APPLICATION

**Position:** \_\_\_\_\_ **Job #:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PERSONAL INFORMATION:

Last (print) _____			Home phone _____	
First _____	Middle _____		Cell phone _____	
Home Address _____			Other Phone Number _____	
City, State, zip _____			Email _____	

Are you legally authorized to work in the United States?  Yes  No

Are you applying? <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp	What Shift(s) will you work? <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend	May we Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### EMPLOYMENT HISTORY: Begin with most recent employment.

Are you legally authorized to work in the United States?  Yes  No

Date From: / / to / /	Employer:	City, State:
Titles:	Duties:	
Reason For Leaving:	Supervisor's Name	Phone Number:
Date From: / / to / /	Employer:	City, State:
Titles:	Duties:	
Reason For Leaving:	Supervisor's Name:	Phone Number:

**EDUCATION / TRAINING:**

You have High School Diploma or GED Certification?  Yes  No

School	Name & Location	Diploma / Degree / Subject

**OTHER SKILLS:**

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**REFERENCES:** Give the names of two person **NOT** related to you

Name	City, Phone	Relation

Have you ever been convicted\* for any violation(s) of law? \_\_\_ YES \_\_\_ NO. If YES, please provide the following: Description of offense: \_\_\_\_\_

Statute or ordinance (if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_ County, City and State of Conviction: \_\_\_\_\_

The information on this application is true and accurate to the best of knowledge

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**DRYCLEAMAX USE ONLY**

Interview Date: Comments:	Hired Date:	Started Date:
Hired Manager Name:	Reference Check Date:	Started Salary:
<input type="checkbox"/> Resign <input type="checkbox"/> Layoff <input type="checkbox"/> Terminated <input type="checkbox"/> Other : _____ Comments:	Last Date:	End Salary: