



AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

EMPLOYMENT DESIRED

Type of position desired:	Today's Date:	Date Available:
Hours and days available to work:	Are you presently employed? <input type="radio"/> YES <input type="radio"/> NO	
Have you ever applied at Lewis Cleaners before? <input type="radio"/> YES <input type="radio"/> NO If yes, when?	Have you ever been employed at Lewis Cleaners before? <input type="radio"/> YES <input type="radio"/> NO If yes, when?	
How were you referred to Lewis Cleaners? (please specify below)		
<input type="radio"/> Advertisement	Name of newspaper/journal:	_____
<input type="radio"/> Employee	Name of employee:	_____
<input type="radio"/> Agency	Name of agency:	_____
<input type="radio"/> Other	Please specify:	_____
<input type="radio"/> Walk-in		

Are you able to perform the essential functions of the job(s) for which you are applying? YES NO
 If no, describe the functions that cannot be performed:

NOTE: Lewis Cleaners complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform the essential functions.

PERSONAL INFORMATION

NAME

LAST	FIRST	MIDDLE
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LIST ANY OTHER NAMES YOU HAVE WORKED UNDER

LAST	FIRST	MIDDLE
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SOCIAL SECURITY NUMBER

PRESENT ADDRESS

STREET	CITY	STATE	ZIP
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PERMANENT ADDRESS

(IF DIFFERENT FROM PRESENT ADDRESS)	STREET	CITY	STATE	ZIP
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PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? YES NO

ARE YOU EITHER A **U.S. CITIZEN** OR AN **ALIEN** (please circle one)
 AUTHORIZED TO WORK IN THE U.S.? YES NO

In the event that an offer for employment is made you understand and agree employment is contingent upon completion of an educational, professional, personal background check which may include a credit check and security investigation.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Do not include marijuana-related convictions that occurred more than two years prior to the date of this application. o YES o NO

If yes, please explain:-

(A conviction will not necessarily disqualify you from consideration for employment. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studied and Degrees Received
High School		1 2 3 4	Y N	
College		1 2 3 4	Y N	
Post College		1 2 3 4	Y N	

Additional Education or Professional Information such as special areas of research or study, seminars, etc.:

Professional memberships, certificates or licenses held. (Exclude those indicating race, color, religion, sex, sexual orientation, national origin, physical or mental disability or labor organization affiliations.):

U.S. MILITARY SERVICE DATA

Branch:
List Special Training or Skills:

FORMER EMPLOYERS

List below current and last two employers, starting with most recent one first. Please include any non-paid/volunteer experience which is related to the position for which you are applying. If you have a break in employment, please indicate dates and reason for break. **Please complete this section even if you attach a resume.**

From:	Current Employer (Name and Address, Type of Business):	Starting Salary: _____
To:		Ending Salary: _____ If hourly, average # of hours per week: _____ Wage: \$_____ per hour
Position:		Reason For Leaving:
Duties Performed:		
Supervisor's Name:		Phone Number: May We Contact?
From:	Former Employer (Name and Address, Type of Business):	Starting Salary: _____
To:		Ending Salary: _____ If hourly, average # of hours per week: _____ Wage: \$_____ per hour
Position:		Reason For Leaving:
Duties Performed:		
Supervisor's Name:		Phone Number: May We Contact?
From:	Former Employer (Name and Address, Type of Business):	Starting Salary: _____
To:		Ending Salary: _____ If hourly, average # of hours per week: _____ Wage: \$_____ per hour
Position:		Reason For Leaving:
Duties Performed:		
Supervisor's Name:		Phone Number: May We Contact?

REFERENCES

Give below the names of three professional references whom you have known at least one year and who are not related to you.

Name	Phone Number	Business	Years Acquainted	How do you know this person?
1.				
2.				
3.				



PRE-EMPLOYMENT CERTIFICATION

I understand that this application is only valid for the position applied for at present and that Lewis Cleaners is not obligated to retain or consider this application for future openings.

Initial

I authorize investigation of all statements contained in this application. I certify that I have not knowingly withheld any information that might adversely affect my chance for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I authorize Lewis Cleaners to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, releasing all parties from any liability arising therefrom.

Initial

If I am employed by Lewis Cleaners I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of Lewis Cleaners or myself. I understand that no one other than the President of Lewis Cleaners has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Any such agreement must be in writing and approved by the President of Lewis Cleaners I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and Lewis Cleaners.

Initial

My signature below certifies that I have read and understand the foregoing and, to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to be bound by the terms and conditions stated in this application. This application contains all the understandings and agreements between me and Lewis Cleaners concerning the nature of my employment, if any, by Lewis Cleaners and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and Lewis Cleaners. I understand and agree that, except as noted above, no person who is either an agent or employee of Lewis Cleaners may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

Applicant Signature

Date of Application



Lewis Cleaners is an equal opportunity/affirmative action employer. We are required by federal/state legislation to provide equal opportunity for all applicants without regard to age, race, color, religion, national origin, gender, mental or physical disability, medical condition, marital or Veteran status.

We will use this information for statistical reporting and purposes of making accommodations only. It will not appear in your employment file or in your personal file in the event you are employed.

Completion of this page is voluntary; you are not required to submit the information below in order for your application for employment to be considered at Lewis Cleaners.

Application date: Month _____ Day _____ Year _____

Last name _____ Social Security Number _____

Job applied for: _____

Gender: Male Female _____

Ethnic Information:

- BLACK** (not of Hispanic origin). All persons having origins in any of the black racial groups of Africa.
- ASIAN OR PACIFIC ISLANDER.** All persons having origins in any of the original peoples of the Far East, Southeast Asia and Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, The Philippine Islands, and Samoa.
- AMERICAN INDIAN OR ALASKAN NATIVE.** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.
- HISPANIC.** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- WHITE** (not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Thank you