

Application For Employment

2707 South Broadway

Edmond, OK 73013

405.341.8764

E' Mail Resume: AmJobs@coxinet.net



PICKUP. DELIVERY. PERFECTION IN BETWEEN.

American Cleaners is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, national origin, marital status, disability status, or any other basis prohibited by federal, state or local law. This form is required for employment and must be filled out completely. A resume is optional and will not be accepted in lieu of a completed application packet. Incomplete or unsigned applications will be rejected. Be sure to sign and date application.

| | |
|------------------------|--------------------------|
| Position Applying For: | Available to Start Work: |
|------------------------|--------------------------|

Personal Information

| | | | | |
|---|--------|---------------------|----------|--------------------|
| Name (Last, First, Middle Initial) | | Social Security No. | | Work Telephone No. |
| Mailing Address | City | State | Zip Code | Home Telephone No. |
| Can you provide proof, if hired, that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If yes, please explain _____ (Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.) | | | | |
| Cell Phone Number: | Pager: | E' Mail: | | |

Previous Management Experience

| |
|--|
| Have you ever held a management position? <input type="checkbox"/> No <input type="checkbox"/> Yes – Did you have P&L responsibility? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| How many years in a management position? _____ Did you have hire and fire responsibility? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Did you set compensation levels? <input type="checkbox"/> No <input type="checkbox"/> Yes Level of sales and profit achieved? _____ |
| Type of business / industry? _____ Other comments? _____ |

Education and/or Training

| If you did not graduate high school did you receive a GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
|---|-----------------------------------|---|-----------------------------------|
| Name of School (High School then College 1 then College2) | School Location City and State | Did You Graduate? | Diploma or Degree Earned and Year |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Other non-computer education or specialized training or skills: | | | |
| Computer experience /skills (hardware & software): | | | |
| Do you experience color blindness? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, do you believe it creates difficulty marking in items and inputting their color into the computer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Are you related to any other drycleaner in any direct or indirect way? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? | | | |
| If yes, indicate relationship historically and now: | | | |
| Military Service (Branch, Technical Specialization, Rank /Rate Attained): | | | |

Employment History:

- Start with your current or last job - include armed forces service and self-employment.
- Any change of job title under the same employer should be considered a separate position.
- **ATTACH EXTRA SHEETS** using the same format if you have additional employment history.

| | | | |
|--|--|--|-------------------------------|
| May we contact employers for a reference? Current: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Previous(Identify): <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Employer | | Telephone No. | Supervisor's Name |
| Type of Business | | Address | |
| Your Job Title | | Dates Employed (indicate months & years) From: To: | Average Hours Worked Per Week |
| Duties: | | | |
| Wage / Salary _____ Hourly / Weekly / Monthly | | Reason for Leaving or Considering Change | |
| Employer | | Telephone No. | Supervisor's Name |
| Type of Business | | Address | |
| Your Job Title | | Dates Employed (indicate months & years) From: To: | Average Hours Worked Per Week |
| Duties: | | | |
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| Employer | | Telephone No. | Supervisor's Name |
| Type of Business | | Address | |
| Your Job Title | | Dates Employed (indicate months & years) From: To: | Average Hours Worked Per Week |
| Duties: | | | |
| Wage / Salary _____ Hourly / Weekly / Monthly | | Reason for Leaving or Considering Change | |

Transportation

Do You Have a Driver's License? No Yes

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? No Yes How many? _____

Have you had any moving violations during the past three years? No Yes How Many? _____

Personal and / or Professional References

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. If you have ever been discharged by any company, please discuss issues concerning discharge.

General Issues That Impact Your Ability to Meet Job Requirements

- Do you understand and accept that the Company enforces grooming and uniform standards? No Yes
- Do you now have, and will you retain, your own working telephone number at all times? No Yes
- Have you filled out the application completely placing N/A when a question doesn't apply? No Yes
- Do you accept that the Company enforces a drug-free, tobacco-free and smoke-free work place? No Yes

The Company is responsive to consumer needs and requires a degree of flexibility on the part of all employees and staff. Please answer the following questions that are requirements of the Job.....

- Do you understand you must be available to open and close stores between 6:15 AM and 7:15 PM weekdays and 7:45 AM until 4:05 PM Saturdays ? No Yes
- Do you understand that you must be available a minimum of 25 hours per week if a non-manager and, unless a waiver is issued by senior management, at least 40 hours per week as a manager? No Yes
- Do you understand you must be available to work a minimum of two Saturdays per Month AND THEY MAY BE CONSECUTIVE? No Yes
- Do you accept the fact that you must have, and retain in the future, reliable transportation of your own? No Yes
- Do you understand, and accept, that you may be called upon to work at any of the Company's stores in Oklahoma City and nearby communities that reasonably lie within the geography defined as the OKC television media market? No Yes

If you are applying for a position that involves transport of goods and services for the Company, do you certify that you have read and understand all requirements these types of positions require? No Yes

Do you understand and accept that the Company maintains, and updates from time to time, a Personnel Manual that governs policy of the Company and proscribes behavior and expectations of employees? No Yes

By my signature I certify that I have read and thought about all of the issues in this section and the boxes I have checked indicate understanding the above are some of the conditions of continued employment. No Yes

Applicant's Signature: _____

Date: _____

Immigration Reform and Control Act of 1986

Note: In accordance with the Immigration Reform and Control Act of 1986, employment by the Company is contingent upon presentation of acceptable documents verifying identity and authorization for employment in the United States. If offered employment, you are by federal law to truthfully complete an I-9 form and provide acceptable documents as listed on the form to establish your authorization to work for American Cleaners. You will be able to do so prior to employment. Do you understand this requirement? No Yes

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by American Cleaners (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, **shall neither serve to create an actual or implied contract of employment, nor to confer any right to remain an employee of American Cleaners, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned,** and that the at-will relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. **Both the undersigned and American Cleaners may end the employment relationship at any time, without specified notice or reason.** If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that **(1)** the Company has a drug and alcohol policy that may provide for pre-employment testing as well as testing after employment; **(2)** consent to and compliance with such policy is a condition of my employment; **(3)** continued employment is based on the successful passing of testing under such policy; and **(4)** continued employment requires non-use of drugs, absence of the influence of alcohol while on premise and avoidance of excessive use of alcohol off premise as defined by state motor vehicle regulations I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, driving record, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that, given I successfully complete all training requirements, my employment with the Company is conditional upon demonstrated skills acquired for an additional period of ninety (90) days after completion of training, and further that at any time during that period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant _____ Date: _____

Comments From Applicant:

Applicant's Signature

Date