



## COUNTER REPRESENTATIVE APPLICATION

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

### General Information:

Full Name:	_____
Address:	_____
City:	_____
Zip:	_____
Phone:	_____
Cell:	_____
E-mail:	_____
Date Available to start:	_____
SSN:	____ - ____ - _____
Rate Desired	_____
Have you ever worked for Arthur's Executive Cleaners?	_____ If yes, when? _____
Are you legally allowed to work in the United States?	_____ If no, please explain: _____
_____	
_____	
Are you looking for: Full-Time, Part-Time, Temporary?	_____
Have you ever pleaded guilty, no contest or been convicted of a crime? Yes/No?	_____
If yes, please explain	_____
_____	

### Educational History:

<b>High School</b>	
Name/Location:	_____ Did you graduate? _____
<b>College (if applicable)</b>	
Name/Location:	_____ Years Attended _____
Degrees Completed:	_____ Other Subjects Studied _____

### Qualifications:

What do you know about dry-cleaning?	_____
_____	
How have you successfully solved a problematic situation?	_____
_____	
_____	
Describe a time when you have shown tremendous customer service	_____
_____	
_____	
Why do you want to work at Executive Cleaners?	_____
_____	
_____	
Summarize any skills or qualifications you have that would benefit us working with Executive Cleaners	_____
_____	
_____	

Work History:

Dates of Employment: From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Position(s) Held: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

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

Dates of Employment: From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Position(s) Held: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Starting Salary and Title: \_\_\_\_\_ Ending Salary and Title: \_\_\_\_\_

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

Please list three professional references below:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_ Years known: \_\_\_\_\_

**Availability: Our Hours are: M-F 7am-7pm and Sat: 8am-4pm.**

Mon	Tue	Wed	Thu	Fri	Sat

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for termination. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities (ADA) and other relevant federal and state laws." **Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_