



DELIVERY DRIVER/SALESPERSON 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:

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

Qualifications:

What made you want to apply to Arthur's Executive Cleaners?	_____

Tell us about a time when you showed tremendous teamwork (be specific)	_____

Why do you want to work at Executive Cleaners?	_____

Summarize any skills or qualifications you have that would benefit us working with Executive Cleaners	_____

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: _____

The delivery driver/salesperson hours are: M-F hours vary and some Saturdays during busy season.

" 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:** _____