



## APPLICATION FOR EMPLOYMENT

Thank you for choosing to apply for an exciting career with King Maintenance, Inc., the premier janitorial and maintenance company based in southern Minnesota! Please read the following questions on both pages of this application carefully and answer them in their entirety.

### PERSONAL INFORMATION

(Please fill in all blanks and circle YES or NO for the following questions.)

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

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ Are you 16 years old or older? YES NO

Date you can start: \_\_\_\_\_ Are you employed now? YES NO Referred by: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Address Telephone

Are you a citizen of the United States of America? YES NO

If you circled no, do you have the legal right & necessary documents to work in the United States? YES NO

### EDUCATION

(Please circle the highest year/grade level attained for the following.)

ELEMENTARY 1 2 3 4 5 6 7 8 Graduate? YES NO Where? \_\_\_\_\_

HIGH SCHOOL 9 10 11 12 Graduate? YES NO Where? \_\_\_\_\_

COLLEGE 1 2 3 4 Graduate? YES NO Where? \_\_\_\_\_

Any extra curricular activities that might interfere with work? \_\_\_\_\_

### SPECIAL SKILLS

(List any special skills that might relate to the position you are applying for.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### REFERENCES

(Give the names of 3 persons not related to you, whom you have known at least 1 year.)

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Address Telephone Years Acquainted

2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Address Telephone Years Acquainted

3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Address Telephone Years Acquainted



## APPLICATION FOR EMPLOYMENT (cont.)

### EMPLOYMENT HISTORY

*(Start by filling in your most recent position. Fill in all blanks and circle YES or NO for the following questions.)*

1. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Company Address City State Zip  
Dates: from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Wage: \$ \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Name of supervisor: \_\_\_\_\_ May we contact? YES NO Phone #: \_\_\_\_\_

2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Company Address City State Zip  
Dates: from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Wage: \$ \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Name of supervisor: \_\_\_\_\_ May we contact? YES NO Phone #: \_\_\_\_\_

3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Company Address City State Zip  
Dates: from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Wage: \$ \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Name of supervisor: \_\_\_\_\_ May we contact? YES NO Phone #: \_\_\_\_\_

4. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Company Address City State Zip  
Dates: from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ Wage: \$ \_\_\_\_\_ Position: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Name of supervisor: \_\_\_\_\_ May we contact? YES NO Phone #: \_\_\_\_\_

### APPLICANT'S DECLARATION

*(Please circle YES or NO for the following question.)*

Due to bonding and security policies, we are required to ask if you have ever been convicted of a crime. If you have been convicted of a crime, then circle yes. **NOTE: Convictions or the existence of a criminal record does not constitute an automatic bar from employment.**

YES NO

If you answered yes to the previous question, use the space below to state the nature of the offense and disposition of the case. Include dates and places.

Offences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In submitting this application for employment and signing below, I authorize King Maintenance, Inc. and any third party to conduct investigations whereby information is obtained regarding my character, previous employment, general reputation, educational background, and/or criminal history. I release King Maintenance, Inc. and any third party company from any and all liability and damages resulting in the furnishing, obtaining, or using of the above mentioned information.

I attest that all previous questions have been answered accurately and truthfully. In the event of employment, I understand that false or misleading information given in my application, résumé, curriculum vitae (CV), or interview(s) may result in my immediate dismissal. I am also required to abide by all rules and regulations of King Maintenance, Inc.

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

*Please take the necessary time to proofread your application. Applications received that do not have all questions answered including the applicant's declaration, applications that are not signed, and/or applications with false or misleading information will be discarded. Thank you!*

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|---|---|--|
| 1. CONTROL NO. _____<br>(For Agency Use Only) | Individual Information<br>(instructions on the back)                            | OMB Control No. 1205-0371  |
| 2. DATE RECEIVED<br>(For Agency Use Only)     | 3. EMPLOYER TAX EIN NO.<br><br>--   | 4. EMPLOYER PHONE NUMBER   |
| 4a. EMPLOYER NAME AND ADDRESS                 | 5. Has employee ever worked for this employer before?<br><br>Yes _____ No _____ | 6. Job Start Date _____<br>Starting Wage \$ _____ Per Hour<br><br>_____ Position |
| 7. Name of Individual (Last, First, Middle)   |   | 8. SOCIAL SECURITY NUMBER  |

The above named individual is determined as having the following characteristics for WOTC Target Group Certification:

|  |  |  |
|--|--|--|
| 9. Is your age between 16-40?<br><br>Yes _____ No _____<br><br>If YES, indicate date of birth below.<br><br>_____/_____/_____<br>Month Day Year  | 10. Is a veteran and a member of a family that received Food Stamps for a period of at least 3 months in the last 15 months.<br><br>Yes _____ No _____<br><br>If YES, attach a copy of DD214 and see Box 17.   | 11. Is a member of a family that received MFIP/TANF benefits for a period of at least 9 months in the last 18 months.<br><br>Yes _____ No _____<br><br>If YES, see Box 17.   |
| 12. Is a member of a family that:<br><br>• received Food Stamps for the last 6 months.<br><br>Yes _____ No _____<br><br>OR<br><br>• received Food Stamps for at least a consecutive 3-month period within the last 5 months, BUT is no longer receiving them.<br><br>Yes _____ No _____<br><br>If YES to either, attach proof of age if between 18-40. See Box 17. | 13. In the past year has been convicted of a felony or released from prison after a felony conviction.<br><br>Yes _____ No _____<br><br>If NO, skip to Box 14.<br><br>Name & Phone of Probation/Parole Officer:<br><br>_____<br><br>_____<br><br>Date of Conviction _____<br><br>Date of Release _____ | 14. Lives and plans to continue living in a Federal Empowerment Zone or Enterprise Community.<br><br>Yes _____ No _____<br><br>If YES, attach proof of age (if between 16-25) and of residence.<br><br>16. Received Supplemental Security Income (SSI) benefits for any month ending within the last 60 days.<br><br>Yes _____ No _____<br><br>If YES, include proof of SSI. |
| 15. Is receiving or has received Rehabilitation Services through a State Rehabilitation Services program, the Veterans' Administration or Ticket-to-Work program.<br><br>Yes _____ No _____<br><br>If YES, provide name, agency and telephone number of counselor.<br><br>_____<br><br>_____   | 17. If employee or primary recipient of benefits received them in a state other than Minnesota, provide the following:<br><br>Name of Primary Recipient _____<br><br>City/State of Benefits _____  |  |

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|---|
| 18. Is a member of a family that:<br><br>• Has received MFIP or TANF payments for at least the last 18 consecutive months<br><br>Yes _____ No _____, or<br><br>• Has received MFIP or TANF payments for any 18 months starting after August 5, 1997<br><br>Yes _____ No _____, or<br><br>• Stopped being eligible for MFIP or TANF payments after August 5, 1997, because Federal or state law limited the maximum time such assistance is payable.<br><br>Yes _____ No _____ |
|---|

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| 19. Sources used to document eligibility. |
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NOTE: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. The signature of the party completing this form is required below.

|               |          |
|---------------|----------|
| 20. SIGNATURE | 21. DATE |
|---------------|----------|

# Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ▶ \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Telephone number ( ) - \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1  Check here if you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

\_\_\_\_\_

2  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3  Check here if **any** of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the last 18 months.
- I am a veteran and a member of a family that received food stamps for at least a 3-month period within the last 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but **not** age 40 or older and I am a member of a family that:
  - a Received food stamps for the last 6 months **or**
  - b Received food stamps for at least 3 of the last 5 months, **but** is no longer eligible to receive them.
- Within the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending within the last 60 days.

4  Check here if you are a member of a family that:

- Received TANF payments for at least the last 18 months, **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years, **or**
- Stopped being eligible for TANF payments within the last 2 years because federal or state law limited the maximum time those payments could be made.

### Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

**Job applicant's signature ▶**

**Date** / /