

Professional Supply

Janitorial & Cleaning Supply Distributor | cleaningstuff.com

4828 Professional Drive, Sheboygan, WI 53083 | (920) 565-4111

Return completed applications to: Lisa Stephanie, lstephanie@cleaningstuff.com

EMPLOYMENT APPLICATION

Fillable form: type in the fields, save, and return.

Instructions. If you need help completing this application, or need a reasonable accommodation at any stage of the hiring process, please contact the person who gave you this form; every effort will be made to accommodate your needs within a reasonable amount of time. (1) Please read all statements in this application. (2) Complete every section accurately; enter "N/A" if a question does not apply. (3) You may type directly into this form, save it, and email it to **Lisa Stephanie at lstephanie@cleaningstuff.com**, or print it and write clearly. Incomplete or illegible applications may not be processed. (4) Do not complete any other forms unless and until you are instructed to.

APPLICANT INFORMATION

Today's Date (MM/DD/YYYY)	Position Applied For	Desired Salary / Pay
Last Name	First Name	Middle Name
Current Street Address	Apt / Unit	
City	State	ZIP Code
Home / Primary Phone	Alternate / Mobile Phone	Email Address

ELIGIBILITY

- ☐ Yes ☐ No Are you 18 years of age or older?
- ☐ Yes ☐ No Are you legally authorized to work in the United States?
- ☐ Yes ☐ No Will you now or in the future require sponsorship for an employment visa (e.g., H-1B status)?

If hired, you will be required to provide documents verifying your identity and employment authorization (federal Form I-9). If you are under 18 and hired, you may be required to provide a work permit where state law requires one.

AVAILABILITY

Date Available to Start (MM/DD/YYYY)

Job category preferred (check all that apply)

☐ Full-time ☐ Part-time ☐ Temporary ☐ On Call / Casual

Schedules you are available for (check all that apply)

☐ Weekdays ☐ Weekends ☐ Days ☐ Evenings ☐ Overtime ☐ All Shifts ☐ Other:

EDUCATION

Highest grade completed ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 16+

School Type	School Name	City / State	Diploma / Degree Earned
High School			
College			
Other			

JOB-RELATED SKILLS & QUALIFICATIONS

- ☐ Yes ☐ No Have you received a job description or had the requirements of the job explained to you?
- ☐ Yes ☐ No Do you understand these requirements?
- ☐ Yes ☐ No Can you perform the essential functions of this job, with or without reasonable accommodation?
- ☐ Yes ☐ No ☐ N/A If the job requires driving, do you have a valid driver's license of the type required?

License Type / Class	State of Issue

- ☐ Yes ☐ No If the job requires driving: have you had any moving violations?

If "Yes," please describe

Other skills, licenses, or certificates that are job-related or that you feel would be of value to this job or our organization

- ☐ Yes ☐ No Do you have any related janitorial / sanitary maintenance industry experience? If so, please describe below.

CONVICTION RECORD

- ☐ Yes ☐ No Have you been convicted of a felony, misdemeanor, or other offense (other than a minor traffic violation) whose circumstances are **substantially related to the circumstances of the position** you are applying for? If so, please describe below.

A conviction does not automatically disqualify you from employment. Under the Wisconsin Fair Employment Act, Professional Supply considers a conviction only when its circumstances substantially relate to the circumstances of the particular job. Do not list arrests that did not result in conviction, or records that have been expunged.

	Date (MM/YYYY)	City / State	Offense
1.			
2.			
3.			

EMPLOYMENT HISTORY

List your most recent employer first.

Your application may not be considered unless every question is answered. Since we may contact previous employers, correct telephone numbers are essential. Pay information is optional.

1. MOST RECENT EMPLOYER

☐ Yes ☐ No Are you currently working for this employer?

☐ Yes ☐ No If yes, may we contact your current employer?

Company Name

City

State

Phone Number

Employed From (MM/YYYY)

To (MM/YYYY)

Supervisor's Name

Supervisor's Phone

Job Title

Pay (optional)

\$

☐ Hourly ☐ Annually

Duties

Reason for Leaving

2. SECOND MOST RECENT EMPLOYER

Company Name

City

State

Phone Number

Employed From (MM/YYYY)

To (MM/YYYY)

Supervisor's Name

Supervisor's Phone

Job Title

Pay (optional)

\$

☐ Hourly ☐ Annually

Duties

Reason for Leaving

3. THIRD MOST RECENT EMPLOYER

Company Name

City

State

Phone Number

Employed From (MM/YYYY)

To (MM/YYYY)

Supervisor's Name

Supervisor's Phone

Job Title

Pay (optional)

\$

☐ Hourly ☐ Annually

Duties

Reason for Leaving

REFERENCES

Include only individuals familiar with your work capabilities. Do not include relatives.

	Name	Phone	Address or Email	Relationship	Yrs Known
1.					
2.					
3.					

OTHER INFORMATION

☐ Yes ☐ No

Do you have any relatives currently employed by Professional Supply, or do you know any Professional Supply employees? If so, please list their name(s) and relationship below.

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. It is not an employment contract. This application applies only to the position specified.

EQUAL EMPLOYMENT OPPORTUNITY

Professional Supply is an Equal Employment Opportunity employer and does not discriminate in hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, sex (including pregnancy), sexual orientation, gender identity, national origin, ancestry, citizenship status, age, disability, genetic information or testing, marital status, military or veteran status, arrest or conviction record (as provided by law), use or nonuse of lawful products off the employer's premises during nonworking hours, or any other characteristic protected by federal, Wisconsin, or local law. Reasonable accommodations are available to qualified applicants with disabilities upon request.

BACKGROUND CHECKS (IF APPLICABLE)

Depending on the position, Professional Supply may request a background check, such as a criminal conviction or motor vehicle record check, after a conditional offer or as otherwise permitted by law. If a consumer report is requested from a background-screening company, you will first receive a **separate, stand-alone written disclosure** and be asked to sign a separate authorization, as required by the federal Fair Credit Reporting Act (FCRA), along with a summary of your rights. Signing this application does not by itself authorize a consumer report. Any conviction information will be evaluated in accordance with the Wisconsin Fair Employment Act. Any medical examination will occur only after a conditional offer of employment, as permitted by the Americans with Disabilities Act.

CERTIFICATION

I certify that the answers given by me to the foregoing questions and any statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or, if discovered after I am hired, discipline up to and including discharge at any time during my employment.

AT-WILL EMPLOYMENT ACKNOWLEDGMENT

I understand that this application is not a contract of employment. If I am hired, my employment will be “at will,” which means that either Professional Supply or I may terminate the employment relationship at any time, for any lawful reason or no reason, with or without notice.

AUTHORIZATION

I authorize Professional Supply to contact the current and former employers (subject to my answer above about my current employer), schools, and references I have listed in this application to verify the information I have provided and to obtain information about my work history and qualifications, and I authorize them to provide that information. I also understand that, if company policy requires, I may be asked to submit to testing to detect the use of illegal drugs prior to and during employment, conducted in accordance with applicable law.

☐ **I have read, understand, and agree to the Certification, At-Will Employment Acknowledgment, and Authorization statements in this application.**

Applicant's Full Name (please print)

Signature (typing your full name serves as your electronic signature)

Date Signed (MM/DD/YYYY)

You may also print this page and sign by hand.

FOR EMPLOYER USE ONLY

Interviewed by: _____ Date: _____

Position offered: _____ Start date: _____ Notes: _____