



APPLICATION FOR EMPLOYMENT

www.klinkecleaners.com/jobs
 Jobline: (808) 222-3410
 AN EQUAL OPPORTUNITY EMPLOYER

STORE LOCATION: _____

NAME _____ DATE OF APPLICATION _____
 IN FULL _____
 LAST FIRST MIDDLE

JOB DESIRED _____ DATE AVAILABLE _____

TYPE EMPLOYMENT DESIRED

- ☐ FULL-TIME
☐ PART-TIME
☐ SUMMER/TEMPORARY

WHAT DAYS/HOURS ARE YOU AVAILABLE?

HOW DID YOU HEAR ABOUT KLINKE CLEANERS?

- ☐ JOB LINE ☐ SCHOOL JOB BOARD ☐ KLINKE SIGN BOARD ☐ WALK-IN ☐ JOB FAIR ☐ WEBSITE
☐ CLASSIFIED AD _____ ☐ REFERRAL _____ ☐ OTHER _____
 (name of paper) (name of person who referred)

HAVE YOU EVER WORKED _____ WHEN? _____ WHAT DEPARTMENT? _____ WHICH LOCATION? _____
 FOR ANY KLINKE CLEANERS?

DATE OF BIRTH IF _____ SOCIAL SECURITY _____
 UNDER 18 MO. _____ DAY _____ YEAR _____ TAX NUMBER _____

IF YOU ARE NOT A U.S. CITIZEN, DO YOU HAVE AN ENTRY PERMIT ALLOWING YOU TO WORK? _____

PRESENT _____ PHONE _____
 ADDRESS _____ NUMBER _____ STREET _____ CITY _____ STATE _____ ZIP _____

OTHER ADDRESS OR PHONE TO REACH YOU _____

EMPLOYMENT HISTORY (LIST CURRENT OR LAST JOB FIRST, INCLUDE MILITARY SERVICE, BE COMPLETE)

	1. CURRENT OR LAST JOB	2. NEXT LAST JOB	3. NEXT LAST JOB	4. NEXT LAST JOB
DATES WORKED (INC. MO. & YEAR)				
EMPLOYER'S NAME				
EMPLOYER'S LOCATION				
NAME OF SUPERVISOR				
SUPERVISOR/EMPLOYER PHONE NO.				
YOUR JOB TITLE				
DESCRIBE YOUR JOB DUTIES				
LAST SALARY	\$ PER	\$ PER	\$ PER	\$ PER
WHY DID YOU LEAVE?				

DID YOU WORK ABOVE _____ IF YES, PLEASE
 UNDER ANOTHER NAME? _____ LIST (FOR VERIFICATION)

LIST OTHER JOBS YOU HAD WHICH MAY SUPPORT YOUR APPLICATION

MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐ YES ☐ NO

PLEASE TURN OVER AND COMPLETE OTHER SIDE

EDUCATION AND TRAINING

KIND OF SCHOOL	NAME AND LOCATION OF SCHOOL	NUMBER YEARS COMPLETED	DID YOU GRADUATE?	LIST MAJORS, COURSE OF STUDY, OR BEST SUBJECT
HIGH SCHOOL			DIPLOMA _____ GED _____	
TECHNICAL VOCATIONAL	1.			
COLLEGE UNIVERSITY	2.			
BUSINESS SCHOOL	3.			

DESCRIBE OTHER TRAINING (SERVICE SCHOOLS, CORRESPONDENCE, APPRENTICESHIPS, ETC.) AND HOBBIES OR INTERESTS WHICH YOU FEEL MAY HELP YOU IN THE JOB YOU SEEK.

MILITARY SERVICE: DATES (IF VETERAN) FROM _____ TO _____	BRANCH OF SERVICE _____
LIST MILITARY DUTIES OR TRAINING RELEVANT TO THE JOB YOU SEEK	

DO YOU HAVE ANY PHYSICAL HANDICAP OR CHRONIC ILLNESS WHICH WOULD RESTRICT YOU IN DOING THE JOB YOU SEEK? ☐ YES ☐ NO
IF YES, PLEASE DESCRIBE:

HAVE YOU BEEN CONVICTED OF ANY VIOLATIONS OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS? ☐ YES ☐ NO
IF YES, PLEASE DESCRIBE: (A CRIMINAL RECORD DOES NOT AUTOMATICALLY BAR EMPLOYMENT)

REFERENCES

PERSONAL REFERENCE	NAME	TITLE	RELATIONSHIP	PHONE NUMBER
PROFESSIONAL REFERENCE	NAME	TITLE	RELATIONSHIP	PHONE NUMBER

WRITE HERE ANY STATEMENT YOU WISH TO MAKE TO FURTHER SUPPORT YOUR APPLICATION

READ THE FOLLOWING PARAGRAPH CAREFULLY

I HEREBY CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY WILFUL MISREPRESENTATION OF ESSENTIAL FACTS MAY BE REASON FOR DISMISSAL. I HEREBY GIVE PERMISSION TO KLINKES, TO VERIFY THIS INFORMATION. I RELEASE KLINKES AND ALL CONTACTED PERSONS FROM ALL LIABILITY THAT MAY ISSUE FROM SUCH VERIFICATION AND/OR AMPLIFICATION PROCESS.

I HAVE READ THE ABOVE PARAGRAPH AND UNDERSTAND IT

APPLICANT'S SIGNATURE _____ DATE _____

Return this application to any of our area locations or fax to 608-222-6546.

IF HIRED: DATE _____	SHIFT _____	HOURS _____	DEPT. _____
JOB TITLE: _____	SUPV. _____	BASE RATE _____	
OTHER INFO: _____			