



OFFICIAL USE ONLY			
	/ /		
Authorized Signature	Date	Class Code	Status

EMPLOYMENT APPLICATION

Equal Opportunity Employer/Affirmative Action Employer

Employment offers are made on the basis of qualifications and experience and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

GENERAL INSTRUCTIONS FOR COMPLETION OF APPLICATION:

- Complete all information within this application in its entirety.
- Type or print in ink.
- All information provided will be a public record and will be released upon request, unless exempt or confidential.
- Specify the position for which you are applying. (Note: A separate application must be submitted for each vacancy. Photocopies are acceptable.)
- Submit application to Len's Carpet Care Inc. FAX: (517) 886-1365, or via EMAIL: staffing@lenscarpetcare.com.
- Sign your name in the Certification Section (page 4). All information you submit is subject to verification.

HOW DO WE CONTACT YOU?

Name _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Phone _____ Alternate Phone _____

E-mail Address _____

Social Security Number _____

EDUCATION

HIGH SCHOOL:

NAME / LOCATION OF SCHOOL _____ RECEIVED: DIPLOMA OTHER (specify) _____ NONE

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL:

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		MAJOR / MINOR COURSE OF STUDY	TYPE OF DEGREE EARNED
		FROM	TO	QTR	SEM		

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

JOB RELATED TRAINING OR COURSE WORK: (VOCATIONAL, TRADE, GOVERNMENTAL, BUSINESS, ARMED FORCES, ETC.)

NAME OF SCHOOL	LOCATION	DATES OF ATTENDANCE (MONTH / YEAR)		CREDIT HOURS EARNED		COURSE OF STUDY	TRAINING COMPLETED	
		FROM	TO	CLASS	CLOCK		YES	NO

YOUR NAME, IF DIFFERENT WHILE ATTENDING SCHOOL: _____

LICENSE OR CERTIFICATIONS (EXAMPLES: CHAUFFEURS, IICRC: CCT, WRT etc.)

LICENSE OR CERTIFICATION:

Number	Date received	Expiration Date	State Licensing Agency

PERIODS OF EMPLOYMENT

Describe all work experience in detail, beginning with your current or most recent job. Include military service (indicate rank), internships and job-related volunteer work, if applicable. Indicate number of employees supervised. Use a separate block to describe each position or gap in employment. If needed, attach additional sheets, using the same format as on the application. All information in this section must be completed. Resumes may be attached to provide additional information.

1 Name of Present or Last Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason For Leaving: _____

2 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

3 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

4 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

5 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

6 Name of Next Previous Employer: _____

Address: _____ Your Job Title: _____

Supervisor's Name: _____ Phone No.: (_____) _____

FROM: ____/____/____ TO: ____/____/____ HOURS PER WEEK: ____ (_____)
MONTH DAY YEAR MONTH DAY YEAR YOUR NAME IF DIFFERENT DURING EMPLOYMENT

Duties and Responsibilities: _____

Reason for Leaving: _____

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached to provide additional information.

KNOWLEDGE / SKILLS / ABILITIES (KSAs)

List KSAs you possess and believe relevant to the position you seek, such as computer software, typing WPM, equipment authorized to repair, supervisor, etc.

MILLITARY INFORMATION

Rank? _____ Term? _____ Are you a veteran? YES NO

Duty/Specialized Training? _____

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____

Where convicted? _____ Date of Conviction: _____

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____

Where? _____ Date: _____

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES", what charges? _____

Where? _____ Date: _____

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

CITIZENSHIP

The state of Michigan hires only U.S. citizens and lawfully authorized alien workers. You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

1. ARE YOU A U.S. CITIZEN? YES NO

2. IF NO, ARE YOU LEGALLY AUTHORIZED TO ACCEPT EMPLOYMENT WITH THE SPECIFIC HIRING AUTHORITY TO WHICH YOU ARE APPLYING? YES NO

AGE
Are you 18 years age or older? YES NO

CERTIFICATION

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I authorize Len's Carpet Care Inc. to investigate without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Len's Carpet Care Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

SIGNATURE: _____ DATE: _____

BACKGROUND CHECK AUTHORIZATION FORM

I, _____ (print your name *LEGIBLY*) am aware that Len's Carpet Care & Consultants will be performing a background check in connection with my employment application. I also understand that any information obtained as a result of such an investigation is confidential and will be provided only to Len's Carpet Care & Consultants management staff.

I am aware that as part of the hiring process, Len's Carpet Care & Consultants may request Consumer Reports and/or Investigative Consumer Reports from an Investigative Consumer Reporting Agency solely for employment related purposes. The nature and scope of this investigation may include but is not limited to my employment history, education, credit, criminal history, character, general reputation, personal characteristics, and mode of living and may involve a review of criminal records and records of the local Department of Motor Vehicles. Len's Carpet Care & Consultants may obtain one or more consumer reports on me, from one or more consumer reporting agencies, for the purpose of evaluating me for employment, and, if I am already employed by this company, for purposes of promotion, reassignment, or retention as an employee.

I have voluntarily provided the information listed below and in my employment application and understand that false, misleading, or omitted information may be grounds for termination now or in the future. I am fully aware of the purpose for this background check, and therefore request that people, companies, references, current or former employers, schools, government agencies, any and all credit reporting agencies and others contacted provide applicable information to Len's Carpet Care & Consultants, I do hereby release all of those mentioned above, from any liability whatsoever for this purpose.

I hereby authorize Len's Carpet Care & Consultants to make an investigative report in which information is obtained through business associates, financial sources, credit reporting agencies, educational institutions, law enforcement agencies, or other third parties with whom I may be acquainted. If needed for my applied position I hereby authorize Len's Carpet Care & Consultants to obtain a copy of my credit report from any or all credit reporting agencies they deem necessary.

Further, a comprehensive criminal search may be performed, and I voluntarily release from any liability whatsoever, all parties, persons, companies, institutions, government agencies, courts, police departments, or others for furnishing such information. I have the right to request additional disclosures regarding the nature and scope of this investigation. I hereby release my date of birth for the purpose of the criminal investigation.

I have read and understand that I am releasing all of those listed above from any liability whatsoever for the purpose of obtaining or furnishing background information on my personal history. I further acknowledge and agree to indemnify and hold Len's Carpet Care & Consultants harmless from and against any and all claims, demands, or liabilities, including court costs and attorneys' fees, arising from or in connection with any pre-employment background check, including the ordering of credit reports, the researching of criminal history, employment history, education, and driving records.

I understand that by signing this document I am agreeing and giving permission to perform this background check. I authorize that a copy of this authorization may be considered valid as an original. I have read and understand the foregoing and hereby authorize this company to obtain one or more consumer reports on me for the purposes described above, including, if requested, obtaining a credit report from a consumer credit reporting agency. I understand that this disclosure and authorization covers (1) consumer reports obtained in connection with my application for employment and (2) if I am hired or if I am an existing employee, additional consumer reports may be obtained during my tenure.

PLEASE PRINT *LEGIBLY*:

If you are currently employed, may we contact your current employer to verify your current employment? YES NO

Please print your name _____

Current Home Address _____

City, State, and Zip Code _____

Maiden Name (if applicable) _____ Have you used your maiden name within the last 10 years?

Other Names you have been known by: _____

Social Security Number _____

Name as shown on Social Security Card _____

Your Driver's License Number _____ State Issued _____

Name as shown on Driver's License _____

Your date of birth is required for the Criminal Search. My date of birth is: _____ / _____ / _____

Other Counties and states you have lived in during the past 10 years:

County _____ State _____ County _____ State _____ County _____ State _____

County _____ State _____ County _____ State _____ County _____ State _____

Your Signature _____ Today's Date _____