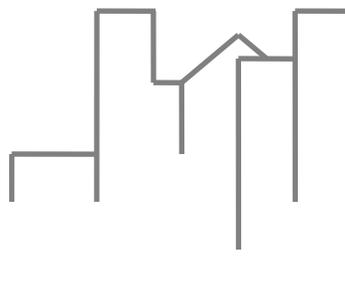


PM

Professional Maintenance, Inc.

Commercial cleaning specialists



EMPLOYMENT APPLICATION

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status, or any disability, which is not job-related.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Date ____/____/____

PERSONAL:

Name _____ Home Phone(____) _____
Last First Middle

Present Address _____
No. Street City State Zip

Social Security No. _____ Are you over 18? Yes ___ No ___

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes ___ No ___

Have you ever been convicted of any crime (excluding minor traffic violations), including DWI? Yes ___ No ___

If yes, state the offense, location, date and disposition _____

(Note: A conviction will not necessarily disqualify you from employment)

Do you have any obligations or other reasons which would limit your ability to work overtime? Yes ___ No ___

If yes, please explain _____

Driver's License: State _____ Number: _____

Currently Valid? Yes ___ No ___ Date of Birth _____

If you did not graduate, why did you leave high school, or college? _____

Are you planning to pursue further studies? Yes ___ No ___ If so, when, where, what courses? _____

List any scholastic honors, offices held and activities involved in during high school and college _____

List and describe any other School or Specialized Training _____

MILITARY:

Have you ever served in the Military? Yes ___ No ___

Service Branch _____ Date Entered _____

Date Separated _____ Final Rank _____

Are you a member of a reserve organization? Yes ___ No ___

CAPABILITY/RELIABILITY:

Is there any reason you would be unable or unwilling to perform any of the tasks required by the job you are applying for? Yes ___ No ___

If yes, please explain _____

Have you filed any type of fraudulent claim against any of your present or past employers? Yes ___ No ___

If yes, please explain _____

Will you abide by the safety rules of this company ? Yes ___ No ___

Have you ever been disciplined for violating company safety rules or regulations? _____

If yes, please explain _____

How many days of work (or school) have you missed in the last two years? _____

How many times have you been late for work (or school) in the last two years? _____

Is there any reason why you would be unable to report to work on time every day on a regular and consistent basis? _____

SUPPLEMENTAL EMPLOYMENT INFORMATION:

If you worked in any of your previous positions under another name, please give that name(s) _____

Are you presently employed? Yes _____ No _____
If yes, may we contact your present employer? Yes _____ No _____
Have you ever been fired, or asked to resign from a job? Yes _____ No _____
If yes, please explain _____

Use this space below to describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet. _____

REFERENCES:

Give three references (not relatives or former employers)

Name	Address	Phone	Occupation

EMPLOYMENT DESIRES:

Are you seeking: Full Time _____ Part Time _____
Temporary or Summer employment? _____

Position applied for? _____

Date available to start? _____

Have you ever applied to our company before? Yes _____ No _____

Have you ever worked for our company before? Yes _____ No _____

If your answer to either of the above questions is Yes, state when and where you applied, and or worked _____

Do you have relatives who work or have worked for our company? Yes _____ No _____
If so, whom? _____

How did you learn of our company and/or position? _____

Are you now, or do you expect to be working in any other business or job?
Yes _____ No _____

Are there any days or hours you would be unable/unwilling to work?
Yes _____ No _____

If yes, please specify those days or hours that you would be unable/unwilling to work _____

EDUCATION

Name, address, and location	Dates	Graduate?	Courses Studied

WORK HISTORY:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Name of Employer	Name of Supervisor	Dates Employed	Pay
Address City, State, Zip		From: To:	Starting: Ending:
Telephone with Area Code			
Nature of Business			
Title			
Duties			
Reason for Leaving			

Name of Employer	Name of Supervisor	Dates Employed	Pay
Address City, State, Zip		From: To:	Starting: Ending:
Telephone with Area Code			
Nature of Business			
Title			
Duties			
Reason for Leaving			

Name of Employer	Name of Supervisor	Dates Employed	Pay
Address City, State, Zip		From:	Starting:
		To:	Ending:
Telephone with Area Code			
Nature of Business			
Title			
Duties			
Reason for Leaving			

AFFIDAVIT

I understand that this application will not be considered after thirty (30) days from today, and that I will need to re-apply in the event I still desire employment after that date.

I certify that my answers to the foregoing questions are true and correct without my consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form during any interviews may be grounds for my immediate discharge.

I hereby authorize the company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for immediate termination. I further understand that no one in the company is authorized to enter into any written or verbal employment contracts with me for a definite period of time without the express written consent of the President of the Company. I also understand that my employment is "at will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Signature _____ Date ____/____/____