

# schuman

## Application for Employment

Thank you for your interest in applying for a position with us. Schuman's Cleaning Service is an Equal Opportunity Employer. We consider all applicants without regard to race, color, religion, gender, national origin, age, physical or mental disability, veteran status, marital status, genetic information, genetic identify or expression, sexual orientation or any other characteristic protected by federal, state, or local law.

This is a Drug Free Work Environment.  
Employees and applicants are subject to background investigations and all employees are subject to drug test.

### PERSONAL

Last Name	First	Middle	Date
*	*	*	*
Street Address			Home Phone
*			*
City, State, Zip			Alternative Phone
*			
Have you ever been employed by Schuman? Yes <input type="checkbox"/> No <input type="checkbox"/>			Expected Compensation
If yes, month & year _____ Position _____			*
Position Desired			What days and hours are you available to work?
If hired, can you provide documentation of your identity and eligibility for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			*
<i>If hired, you will be required to complete an I-9 form.</i>			

### EDUCATION

School	Name and Location of School	Years Completed	Did You Graduate?	Degree or Diploma Received/ Course of Study
High			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade/ Graduate			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

List special licenses, skills and certifications that would assist you in performing the duties of the job for which you have applied:

Membership in professional or civic organizations (You may exclude those that disclose your race, color, religion, sex, national origin, ancestry, age, mental or physical handicap, citizenship status, marital status, or membership in any other protected class.)

### MISCELLANEOUS

Have you ever been convicted of a crime? Yes  No

Have you been arrested for any reason that has not yet been resolved? Yes  No

If so, when? (A conviction will not necessarily disqualify any applicant.) To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation.



**EMPLOYMENT HISTORY**

Company Name	Telephone
Address	Employed (Month & Year) From                      To
Name of Manager	Compensation Start                      Last
Job Title and Description of Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed (Month & Year) From                      To
Name of Manager	Compensation Start                      Last
Job Title and Description of Your Work	Reason for Leaving
Company Name	Telephone
Address	Employed (Month & Year) From                      To
Name of Manager	Compensation Start                      Last
Job Title and Description of Your Work	Reason for Leaving

List any other job related experiences, special training, skills, apprenticeships, internships, etc.

**APPLICANTS STATEMENT AND AUTHORIZATION**

(Read carefully prior to signing)

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I understand that as part of the selection process, the Company may conduct a routine investigation concerning my employment background, criminal record and education and that continued employment is contingent upon satisfactory results. I also understand that the Company may require the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said test, at the discretion of the Company.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. **It is unlawful to require or administer to applicants for employment or prospective employment, or to any employee, a polygraph, lie detector, or similar test as a condition of employment or continued employment. Violation is punishable by criminal and civil penalties.**

I understand that should an employment offer be extended to me and accepted, that I will be an at-will employee and that my employment and compensation may be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or me. I understand that I must adhere to the policies, rules and regulations of employment of the Company. I further understand that no representation, whether oral or written by any representative or agent of the Company can constitute a contract of employment. I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, benefits, procedures of other terms or conditions of employment.

I acknowledge that I have read and understand the above statements.

Signature: X

Date: X

**This Application for Employment is active for thirty (30) days from the date signed.  
Consideration for employment after thirty (30) days requires a new application.**

## NOTICE REGARDING BACKGROUND CHECK

We appreciate your interest in pursuing a career with the Schuman Companies ("the Company") and would like to welcome you to our candidate selection process.

It is the policy of our Company that we check references to the fullest, for all employees prior to being hired. We believe that hiring new employees is one of the single most important responsibilities we have. As such, we go to great lengths determining whether or not an applicant is the best candidate for the position that we have available. Where an applicant is applying for a position that involves access to and handling funds of the Company, we believe that a person's history and current credit worthiness, credit standing and credit capacity is substantially job related, and we will generally include in our reference check a consumer report containing information regarding those aspects of the applicants background. Information from such a consumer report will be considered in evaluating your application to work for us.

Below is an authorization that we would like you to sign so that the Company can investigate your background. The investigation results will not be made part of your personnel file should you be hired.

### AUTHORIZATION:

I certify that all of the information I have given on this application is accurate and complete to the best of my knowledge. I understand that omissions and misstatements in this application may be grounds for rejection or dismissal. I authorize the Company to verify all information contained in my application, my resume, the Background Investigation Form, using such sources as:

- ◆ Previous Employers
- ◆ Credit Check
- ◆ Education Records & Professional Certifications
- ◆ Motor Vehicle Records
- ◆ Federal, State, and County Criminal History Records

I hereby authorize all concerned to furnish the Company and its agents with all information they may have concerning me, whether on record or not, and do hereby release such organization, the Company, and its agents from all liability for any damages whatsoever for issuing such information. I further agree that should I accept an offer of employment, the company may need to update this information or conduct subsequent investigations from time to time during my employment, and I expressly authorize such acts. I understand that any job offer from the Company is conditional upon my satisfactory completion of a background investigation.

\* \_\_\_\_\_  
Signature

\* \_\_\_\_\_  
Date

\* \_\_\_\_\_  
Printed Name

## DRUG TEST CONSENT FORM

### CONSENT FOR PRE-EMPLOYMENT, RANDOM, POST ACCIDENT, OR REASONABLE SUSPICION DRUG TEST SCREEN AND RELEASE COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

The Schuman Companies are a Drug Free Work Environment. Employees and applicants are subject to drug testing.

I hereby consent to allow Schuman's on-site drug test or the Lab Testing Facility identified by the Company to take a specimen of my hair, urine or blood and submit it for a pre-employment, random, post accident or reasonable suspicion drug test screen. I further consent to allow the laboratory testing service to make the results of such screen available to Schuman ("the Company").

In consideration for such services being rendered on my behalf, I hereby release Schuman's and/or the laboratory testing services, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made available. I hereby consent not to file any action at law or in equity against the Company, the laboratory testing service, their respective officers, agents or employees, in connection with the results of such screen being made available, and I hereby agree to indemnify and save harmless the Company, the laboratory testing service, their respective officers, agents and employees, from all damages, expenses, reasonable attorneys fees and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made available.

I understand that positive test results, refusal to be tested, or any attempt to affect the test results or test sample, will result in withdrawal of my application for employment, withdrawal of any provisional employment offer I have received from the Company, or termination of employment, depending on when results are received. I also understand that if tested positive that the specimen will be sent to an outside lab at Alere for a secondary test. In addition, once Alere has completed the secondary test, I have the right to a copy of the lab test results and that I may request an independent test on the same specimen provided. The independent test for on-site drug test can be conducted, at my expense through iCup/Alere. A Medical Review is a minimum of \$15.00 and a secondary independent test a minimum fee of \$25.00.

\* \_\_\_\_\_  
Signature

\* \_\_\_\_\_  
Date

\* \_\_\_\_\_  
Printed Name