



APPLICATION FOR EMPLOYMENT

Please print or type all information in blue or black ink.

Schoon Corporation is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to race, national origin, color, religion, age, genetics, sex, sexual orientation, gender identity, disability or veteran status.

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

PERSONAL INFORMATION

POSITION APPLIED FOR: _____

Social Security Number: _____

Legal Name _____
Last First Middle

Address _____
Street City State Zip Code

Home Telephone: _____

Message/Cell Telephone: _____

Referral Source Newspaper Walk-In Relative Job Service
 Friend Private Agency Other _____

Are you 18 years old or older? Yes No

Have you ever filed an application here before? Yes No If yes, give date _____

Have you ever been employed here before? Yes No If yes, give date _____

Are you currently employed? Yes No

If yes, may we contact your employer? Yes No

Are you legally authorized to work in the United States? Yes No
(Proof of citizenship or immigration status may be required upon employment)

Employment desired: Full-Time Part-Time Shift Work Temporary Overtime

When are you available for work? _____

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

DRIVER'S LICENSE (Only for positions which require driving)

Do you have a driver's license? Yes No

Driver's license number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years Yes No How many? _____

MILITARY

Are you a veteran of the United States military service? Yes No If yes, what branch? _____

If yes, Date Entered _____ Date Discharged _____

If yes, please describe any special skills or training acquired while in the service:

OTHER SPECIAL SKILLS

Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

Most Recent Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

REFERENCES

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone (____) _____	Telephone (____) _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by a designated health practitioner.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize Schoon Corporation, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

PLEASE SIGN HERE: _____ **Date** _____

Non-Discrimination Policy: Schoon Corporation is committed to the principle of equal opportunity in employment. The Company does not discriminate on the basis of sex, race, color, genetics, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

The following person has been designated to handle inquiries regarding Schoon Corporation's nondiscrimination policies:
Human Resource Manager.

Thank you for applying to the Schoon Corporation.

For your security, DO NOT email this application.

Please complete, sign and either fax, mail or hand-deliver this application.

SCHOON CORPORATION

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Telephone 712.225.5736 • Fax 712.225.6378