



Employee Profile

Janitorial Services

Name: _____

Window Cleaning

Address: _____

Carpet Cleaning

City, State, Zip Code: _____

Upholstery Cleaning

Home Phone: _____

Construction Clean-Up

Janitorial Experience: Yes _____ No _____

Special Experience (please explain): _____

Fire/Smoke
Soot Clean-Up

Valid Drivers License: Yes _____ No _____

State License is Held In: _____ # _____

Water Back-Up

Over 18 years old: Yes _____ No _____

Odor Removal

Do you have your own reliable transportation ?

Yes _____ No _____

Handyman Services

Do you have any physical limitation lifting 30 lbs ?

Yes _____ No _____

Emergency Clean-Up
1 Hour Response

Hours available to work :

Days: _____

Evenings: _____

Weekends: _____

Established in 1965
4117 South Avenue
Toledo, Ohio 43615
419/535-0274
Fax 419/534-5503



Authorization for Release of Information

I, _____, hereby authorize Data Research, Inc. to conduct a background investigation, which includes, but may not be limited to, all statements contained in my job application, and my personal, employment, medical, criminal, credit/financial history and other related matters as may be necessary in arriving at an employment decision. I authorize any of my former employers or references listed to furnish their records of my services, reasons for leaving their employ, and all other information they have concerning me, whether or not on record, including inquiry into my financial/credit history. I hereby release any of my former employers, their agents, personal references, educational institutions, law enforcement agencies, any state and federal bureau, and any credit reporting agencies from all liability for any damage whatsoever in responding to inquiries and furnishing said information during this background investigation.

I authorize Data Research, Inc. to supply my employment record in whole or in part, to any prospective employer, government agency, or other party with a legal and proper interest. I release Data Research, Inc. and those parties from any and all liability and any damage that may result from furnishing the requested information or any of my personal records.

I hereby certify that all of the information supplied by me on my application for employment is true, and if employed, it is relied upon as a condition of employment. I agree that falsified statement(s) on my application shall be grounds for dismissal.

Full Name - Printed

Drivers License # / State Issued

Present Address, City, State, Zip

From _____ To _____
Dates of Residence

Previous Address, City, State, Zip

From _____ To _____
Dates of Residence

Prior Addresses during last 10 years

Date of Birth
(required by State BMV)

Social Security Number

Previous Names Used

Signature

Date

OFFICE COPY
ADMINISTRATIVE

Criminal Background Check Requirements

Due to the requirements of the insurance companies that do business with AAA Standard Services, all employees must have acceptable criminal records. Effective May 1, 2009, AAA Standard Services will not hire or employ anyone who has ever been convicted of a crime classified as a felony. This is both a precondition to being hired, and a requirement for continued employment.

This means that any employee, who had an acceptable criminal record when hired, but who is later convicted of a crime classified as a felony, will be promptly terminated, and will thereafter be ineligible for re-employment with AAA Standard Services.

All applicants for employment will be required to sign an appropriate authorization form consenting to AAA Standard Services obtaining a criminal background check as a precondition to employment.

In addition, all employees will be required, at least annually, to sign an appropriate notice and authorization form consenting to AAA Standard Services obtaining a criminal background check. AAA Standard Services also reserves the right to request a criminal background check of any employee at any time. Any employee who refuses to sign a consent form for a criminal background check, when requested, will be terminated.

Provided, however, that all employees who were hired before the effective date of this policy, May 1, 2009, will not have any felony convictions that predate the effective date of this policy held against them. This means that any employee hired before the effective date of this policy will be permitted to continue his or her employment even if they have a felony conviction that predates the effective date of this policy. However, any employee who is convicted of a crime classified as a felony after the effective date of this policy will be promptly terminated, regardless of his or her date of hire.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to www.ftc.gov/credit, or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

You must be told if information in your file has been used against you. Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

You can find out what is in your file. At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identity theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See www.ftc.gov/credit for details about how to obtain your free report.

You have a right to know your credit score. Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on www.ftc.gov/credit. In some mortgage transactions, you will get credit score information without charge.

You can dispute inaccurate information with the consumer reporting agency. If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to www.ftc.gov/credit.

Inaccurate information must be corrected or deleted. A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

Outdated negative information may not be reported. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

FAIR CREDIT REPORTING ACT NOTICE AND AUTHORIZATION

In connection with your application for employment, please be advised that we may obtain one or more consumer report(s) and/or investigative consumer report(s) that include information about your character, general reputation, personal characteristics, and/or mode of living, and we may consider such information when deciding whether to hire, transfer, or retain you as an employee.

Please be advised that you have the right to request in writing, within a reasonable time, that we make complete and accurate disclosure of the nature and scope of the information we obtained about you. Such disclosure will be made to you within 5 days after the date on which we receive such a written request from you, or within 5 days after the date we first requested the consumer report(s) about you, whichever is later.

The Fair Credit Reporting Act gives you specific rights in connection with consumer reporting agencies. A copy of the Federal Trade Commission's document entitled: "Summary of Your Rights Under the Fair Credit Reporting Act" is attached to this notice, and more information about the Fair Credit Reporting Act is available on the Federal Trade Commission's Web site at www.ftc.gov.

By signing below you acknowledge your receipt of this notice and the attached Summary of Your Rights Under the Fair Credit Reporting Act.

Applicant _____
Please print full name

Applicant's Signature _____

Date _____

Your consent is required for reports that are provided to employers. A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers. These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-800-XXXXXXX.

You may seek damages from violators. If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

Identity theft victims and active duty military personnel have additional rights. Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information, visit www.ftc.gov/credit.

The FCRA gives several federal agencies authority to enforce the FCRA:

TO COMPLAIN AND FOR INFORMATION:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
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NOTICE TO APPLICANTS

As part of our employment practices, candidates for employment are required to submit to a physical examination by the company physician. Employees may also be required to submit to an examination at the Company's discretion. This examination (s) will include drug screening and other components deemed appropriate by the company. Your signature at the end of this application is considered to be a release for this examination (s) and the reporting of its results to the company.

DATE		SOCIAL SECURITY NUMBER	
LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTH NAME
STREET ADDRESS			
CITY	STATE	ZIP	TIME IN RESIDENCE THIS ADDRESS
HOME TELEPHONE	IN CASE OF EMERGENCY, CONTACT: NAME		ADDRESS TELEPHONE

POSITION (S) APPLYING FOR: _____

Are you available for Saturday Work? <input type="checkbox"/> Yes <input type="checkbox"/> No Part-Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Overtime Work? <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Night Work? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Available for Work? _____
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VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No STATE ISSUED: _____ LICENSE NUMBER: _____	U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, ARE YOU LEGALLY PERMITTED TO WORK IN U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. MILITARY VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No BRANCH _____ SERVICE DATES _____ HAVE YOU BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have any relatives or friends currently employed by the Company? If yes, list name (s): _____	BIRTHDATE (If under 18): _____
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EDUCATIONAL BACKGROUND	(Complete all sections applicable):	
HIGH SCHOOL	NAME	COURSE OF STUDY
	CITY	DIPLOMA RECEIVED? <input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE	NAME	MAJOR/SPECIALIZATION
UNIVERSITY	CITY	TYPE OF DEGREE RECEIVED?
OTHER STUDIES	NAME	COURSE OF STUDY
	CITY	TYPE OF CERTIFICATE/DIPLOMA RECEIVED?

PERSONAL REFERENCES (Other Than Employers or Relatives) YOU HAVE KNOWN FOR AT LEAST TWO YEARS.			
1.	NAME	ADDRESS	PHONE BUSINESS
2.			
3.			

QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, MARITAL OR VETERAN STATUS.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
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EMPLOYMENT HISTORY (Begin with Last or Present Employer first)			
EMPLOYER	JOB TITLE	SUPERVISOR NAME/TITLE	
ADDRESS	CITY	STATE	TELEPHONE
DATES:		SALARY/WAGES:	
FROM:	TO:	START:	FINISH:
REASON FOR LEAVING:		MAY WE CONTACT?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
MAJOR DUTIES PERFORMED:			

EMPLOYER	JOB TITLE	SUPERVISOR NAME/TITLE	
ADDRESS	CITY	STATE	TELEPHONE
DATES:		SALARY/WAGES:	
FROM:	TO:	START:	FINISH:
REASON FOR LEAVING:		MAY WE CONTACT?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
MAJOR DUTIES PERFORMED:			

EMPLOYER	JOB TITLE	SUPERVISOR NAME/TITLE	
ADDRESS	CITY	STATE	TELEPHONE
DATES:		SALARY/WAGES:	
FROM:	TO:	START:	FINISH:
REASON FOR LEAVING:		MAY WE CONTACT?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
MAJOR DUTIES PERFORMED:			

(Application Remains Active for 90 Days)

READ CAREFULLY BEFORE SIGNING:

I understand that as a prospective employee I may be required to complete pre-employment tests, and a physical examination, which includes a drug screening and that any offer of employment is contingent upon the results of these examinations. I further understand that the company will not hire any applicant for employment who tests positive in drug and alcohol screening.

I authorize the Company to conduct a background investigation of my personal, employment, medical, criminal, credit/financial history and other related matter as may be necessary in arriving at an employment decision. I hereby release former employers, educational institutions, law enforcement agencies and credit agencies from all liability in responding to inquiries during this background investigation.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official of the company, except the President, has any authority to enter into any agreement contrary to the foregoing, or to make any oral assurances regarding benefits or promise of continued employment. I further understand and agree that the development and dissemination of policies, procedures, handbooks, or other literature by the company does not now and will not in the future constitute an express or an implied contract between the company and its employees. I hereby certify that all of the information supplied by me on this application for employment is true, and if employed, it is relied upon as a condition of employment. I agree that falsified statement(s) on this application shall be grounds for dismissal. I understand that, if employed, the first sixty days of employment is a probationary period.

Applicant's Signature

Date