

KLEIZA ENTERPRISES, INC.
d/b/a KLEIZA WASTEWATER SOLUTIONS

APPLICATION FOR EMPLOYMENT

**COMPLETE ALL SECTIONS
PRINT NEATLY**

If you require assistance completing this application due to a handicap or disability, please notify the representative who gave you this application and we will be happy to accommodate you.

Date: _____

Name (First, MI, Last) _____

Home Address

Street _____ Apt. No. _____ City _____ State _____ Zip Code _____

If you lived at your present address less than 2 years, list prior address below:

Street _____ Apt. No. _____ City _____ State _____ Zip Code _____

Telephone: Home _____ Cell _____ Work _____

E-mail Address: _____ Best time to reach you _____

Are you legally eligible for employment in the U.S.? Yes No

(Successful applicants must submit proof of employment eligibility within the first 3 days of employment.)

Social Security Number _____ Are you 21 years or older? Yes No

Have you ever been convicted of a crime that has not been sealed or expunged by a court?
Yes No If yes, state date of conviction, location of court, and specific violation

(Answering yes to this question will not necessarily result in rejection of your application.)

Specific position sought: _____

AVAILABILITY: Days of the Week: _____ Hours: _____

Desired Start Date _____ Desired Salary _____

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation? Yes No (Do not identify accommodation needed)

Do you have a valid driver's license? Yes No Issuing State: _____

Do you have a valid Commercial Driver's License (CDL)? Yes No

Class A Class B Endorsements: _____

Languages - Can you speak/read any language other than English? Yes No

If yes, complete below (do not state where learned). Check all that apply.

Language _____ Speak Fluently Understand Read Write

EQUAL OPPORTUNITY EMPLOYER

Ever apply to this Company previously? Yes No

If yes, when? _____ Where? _____

EDUCATION Highest grade completed: _____

| Name | City/State | Graduate? | Degree | Years |
|-------------|------------|-----------|--------|-------|
| High School | | | | N/A |
| College | | | | |
| Other | | | | |

EMPLOYMENT HISTORY (Complete for last 3 positions, even if information also on resume)

| Dates | Employer Name | Address | Telephone No. |
|--|-------------------|--------------|--------------------|
| May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Position(s) Held | Supervisor's Name | Final Salary | Reason for Leaving |

| Dates | Employer Name | Address | Telephone No. |
|--|-------------------|--------------|--------------------|
| May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Position(s) Held | Supervisor's Name | Final Salary | Reason for Leaving |

| Dates | Employer Name | Address | Telephone No. |
|--|-------------------|--------------|--------------------|
| May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Position(s) Held | Supervisor's Name | Final Salary | Reason for Leaving |

SPECIAL SKILLS OR EXPERIENCE _____

BUSINESS REFERENCES (not relatives)

| Name | Address | Telephone | How Acquainted? | How Long? |
|------|---------|-----------|-----------------|-----------|
| | | | | |
| | | | | |
| | | | | |

CERTIFICATION AND AUTHORIZATION

I understand that the Company is an equal opportunity employer and does not discriminate on the basis of race, color, religion, creed, age, sex, gender, ancestry, national origin, marital status, civil union status, domestic partnership status, veteran’s status, sexual orientation, disability, genetic information, or citizenship status, in the selection of candidates for interview or hiring. I also understand that the Company will consider reasonable accommodations for any applicant or employee with a handicap or disability who requests a reasonable accommodation during the application/interview process or during employment.

By my signature below, I acknowledge and agree that any offer of employment will be made contingent on confirmation of my references and licensure, successful completion of any pre-employment medical testing, drug screening and criminal background check. I also understand that if hired, I will be required to provide proof of identity and legal work authorization. By my signature below, I further acknowledge and agree that employment with the Company is terminable at will by either me or the Company at any time and for any reason, with or without cause and without or without prior notice.

By my signature below, I authorize the Company to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application, on my resume and other documents I presented, and my oral statements during the interview process. I hereby release from liability the Company and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for providing such information, except this release does not authorize disclosure or use of disability or medical-related information in a manner prohibited by law.

By my signature below, I certify that all of my statements contained in this application, on my resume, and information and documents I provided or will provide in support of my application for employment (oral, written and electronic) are accurate and true. I understand that if any statement or information is found to be false, it may be grounds for rejection of my application, withdrawal of an offer of employment, or termination of employment.

By my signature below, I agree that I fully understand the statements above and agree to be subject to them.

Signature

Date