

All Spot Cleaning Solutions

I hereby authorize ALLSPOT CLEANING SOLUTIONS to do a security check. I understand that this will include checking with my previous employees and also my personal references. All law enforcement and State agencies may also be a part of the background screening.

Employee Name: _____	
SSN: _____	Date of Birth: _____
Address: _____	
City: _____	State: _____ Zip: _____
Previous Address: _____	
City: _____	State: _____ Zip: _____
Do you expect to receive any garnishments, suits or payroll deductions? If so, please list the agencies below.	

_____ Employee Signature	_____ Date:
_____ All Spot Cleaning Representative	_____ Date:

Findings(if any):

Law Enforcement Agency

Employee Signature

Date:

Upon the conclusion of security screening, if evidence is found to disprove any information acquired during initial interview, All Spot Cleaning Solutions reserves the right to terminate all hiring proceedings.

"It's automatic termination if you misplace the key due to security purposes"

ALLSPOT CLEANING SOLUTIONS

COMPANY RULES

- ALL EMPLOYEES ARE ON A 30 DAY PROBATION PERIOD WHEN HIRED. AT THE END OF THE 30 DAYS YOUR JOB PERFORMANCE WILL BE EVALUATED.
- DISCUSSION ON SALARIES AND/OR WAGES AMONG EMPLOYEES WILL RESULT IN IMMEDIATE TERMINATION OF ALL EMPLOYEES INVOLVED. ANY OTHER PERSONAL INFORMATION WILL ALSO BE CONSIDERED PRIVATE AND GROUNDS FOR DISMISSAL IF DISCUSSED.
- IF YOU ARE UNABLE TO REPORT TO WORK, YOU MUST NOTIFY ALLSPOT CLEANING AT LEAST 4 HOURS IN ADVANCE AT (404) 246-9017. THIS PHONE IS ANSWERED 24 HOURS PER DAY, SEVEN DAYS PER WEEK. SOMEONE WILL ANSWER OR RETURN YOUR CALL IMMEDIATELY. FAILURE TO FOLLOW THESE GUIDELINES WILL RESULT IN SUSPENSION OR TERMINATION.
- NOTIFY ALLSPOT CLEANING OF ANY UNUSUAL OCCURENCES PERTAINING TO YOUR JOB. (EXAMPLE: BROKEN WINDOWS, EMERGENCY SITUATIONS, THEFT, ALARMS, ETC.)
- NO UNAUTHORIZED PERSON/PERSONNEL OR MINOR CHILDREN ON JOB SITE.
- NO DRINKING OF ALCOHOLIC BEVERAGES PRIOR TO OR WHILE PERFORMING YOUR JOB DUTIES.
- DO NOT REARRANGE YOUR WORK SCHEDULE WITHOUT PRIOR CONSENT FROM ALLSPOT CLEANING'S MANAGEMENT TEAM. DO NOT LEAVE EARLY OR REPORT TO A WORK SITE EARLY WITHOUT CONSENT.
- ALL EMPLOYEES ARE EXPECTED TO PRESENT THEMSELVES IN CLEAN CLOTHING, WITH A WELL GROOMED AND PLEASING APPEARANCE ON THE JOB SITES. FAILURE TO DO SO COULD RESULT IN SUSPENSION FOR THAT DAY.
- NEVER ENTER A CUSTOMER'S DESK, CABINETS OR DRAWERS UNLESS INSTRUCTED TO DO SO.
- DO NOT USE CUSTOMER'S PHONE EXCEPT IN CASE OF EMERGENCY.
- BE POLITE AND COURTEOUS TO CUSTOMERS AND MANAGEMENT AT ALL TIMES.
- EMPLOYEES WILL BE SUBJECT TO A RANDOM DRUG TEST AT THE DISCRETION OF MANAGEMENT. REFUSING WILL RESULT IN IMMEDIATE TERMINATION.

Signature: _____

Date: _____

All spot cleaning solutions

Please complete the Employee Verification Worksheet

Employee Name: _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (H): _____ **(W):** _____

Person to notify in case of emergency:

Name: _____

Phone Number: _____

List all job locations (include which nights or days worked)

Employee SSN: _____

Date of Birth: _____

Health Questionnaire

EMPLOYEE NAME: _____ SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Medical History

Do you have or have you ever had any of the following? (Please check EACH of the following: Yes or No. Any Yes answer must be fully explained below.) Answer ALL questions.

	Yes	No		Yes	No
Epilepsy	___	___	Psychiatric or psychological treatment or evaluation	___	___
Diabetes	___	___	Hemophilia or other blood diseases	___	___
Cardiac (Heart) Disease	___	___	Osteomyelitis	___	___
Marie Strumpell Disease	___	___	Stiff Joints	___	___
Any loss of vision	___	___	Hypoglycemia (Sugar Problems)	___	___
Polio	___	___	Muscular Dystrophy	___	___
Any Amputation	___	___	Thrombophlebitis	___	___
Cerebral Palsy	___	___	Herniated Intervertebral Disc	___	___
Multiple Sclerosis	___	___	Back Surgery	___	___
Parkison's Disease	___	___	Allergies	___	___
Vascular (Circulation) Disorder	___	___	Arthritis	___	___

Height: _____

Weight: _____

Have you ever received treatment for a back, neck, or knee condition or head injury? _____

Do you know or have you ever suffered from aches or pains of the back? _____

Have you ever had any surgery? _____

Do you now or have you ever had any physical disabilities, impairments or handicaps? _____

