



Employment Application

LWI is an equal opportunity employer dedicated to nondiscrimination in employment. LWI selects the best qualified individual for the job based on job-related qualifications regardless of race, age, color, religion, sex, national origin, ancestry, marital status, sexual preference, disability, or any other basis protected by applicable law.

Name

First

Middle

Last

Street Address City State Zip

Home Phone Cell Phone SSN Email

If you are hired, can you furnish proof that you are over 18 years of age? Yes No

If you are hired, can you present evidence of your legal right to live and work in this country as required by law? Yes No

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony? Yes No

If yes, give the date (s) and details

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? Yes No

If yes, give the date(s) and details

Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations, and arrests or convictions which have been sealed or expunged in answering this question.)

Are you able to satisfactorily perform the essential job duties required of the position for which you are applying, either with or without a reasonable accommodation? Yes No

Position Desired Date you can start

Which do you prefer? full-time part-time during the following days and hours

Are you employed now? Yes No If so, may we contact your present employer? Yes No

Have you ever applied to or worked for this Company before? Yes No If yes, specify dates

Education High School # of Years Completed Did you Graduate?

College # of Years Completed Did you Graduate?

Graduate # of Years Completed Did you Graduate?

Have you served in the United States Armed Forces Branch, Position, Final Rank

Other training, skills, experience, or achievements

Availability Times Monday Tuesday Wednesday Thursday

Anytime Friday Saturday Sunday



Maintaining a Clean Environment

21195 Prairie View Lane, Trabuco Canyon, CA 92679, PHONE (949) 470-9351, FAX (949) 470-0749, www.LWICLEAN.com

List present and past employers beginning with the most recent. Attach additional sheets as needed.

Table with 6 columns: Month/Year, Name & Address of Employer, Initial Position and Duties, Previous Supervisor, St. Pay, Reason for Leaving. Includes sub-headers for Final Position and Duties, Telephone Number, and End Pay.

Have you ever been terminated or asked to resign from any job? [] Yes [] No

If yes, explain []

Explain any gaps in employment history []

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

[] 0 - 10 Days [] 10 - 30 Days [] 30 + Days

Do you have adequate transportation to and from work? [] Yes [] No

Do you have any friends or relatives who work for the Company? [] Yes [] No If yes, who? []

List three personal references who know you well but who are not previous employers or relatives.

Table with 3 columns: Name, Address, Phone Number. Three rows for references.

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

X

SIGNATURE OF APPLICANT

DATE

This form must be physically signed to be valid. Applications may be emailed, however, applicants must submit a signed physical copy of the application / required forms before employment commences.



Applicant's Statement And Agreement

In the event of my employment to a position at LWI, I will comply with all rules and regulations of LWI. I understand that LWI reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of drugs and/or alcohol in my system, performed by a doctor selected by LWI. Further, I understand that at any time after I am hired, LWI may require me to submit to a physical examination and a drug and/or alcohol test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to LWI. I also understand that I may be required to take other tests such as personality tests or honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that for insurance purposes bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that LWI may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written inquiry, within a reasonable period of time, to receive additional detailed information about the nature and scope of this investigation. I further understand that LWI may contact my previous employers and I authorize those employers to disclose to LWI all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to LWI, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or part, whether such information is favorable or unfavorable to me. I authorize the persons named by me as personal references to provide LWI with any pertinent information they may have regarding myself.

I hereby affirm that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview are true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by LWI (employer) at any time and for any reason whatsoever, with or without good cause at the option of either LWI or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of LWI. No supervisor or representative of LWI, other than the President of LWI, has the authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between LWI and myself regarding the rights of LWI or myself to terminate employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of myself and LWI.

I also acknowledge that LWI utilizes a system of alternative dispute resolution which involves binding arbitration to resolve all disputes which may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both LWI and myself, both LWI and I agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on Title VII of the Civil Rights Act of 1964, as amended, as well as all other state and federal laws or regulations) that either I or LWI (or its directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) may have against each other which would otherwise require or allow resort to any court or other governmental dispute resolution forum arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with LWI, whether based on tort, contract, statutory, or equity, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under Workers' Compensation, and Unemployment Compensation claims filed with the state) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act in conformity with the procedures of the Uniform Arbitration Act and the California Arbitration Act (Cal. Code Civ. Proc. Sec 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery) as may be amended from time to time. However in addition to requirements imposed by law, any arbitrator herein shall be a retired California Superior Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent

applicable in civil actions in United States District Courts, the following shall apply and be observed: all rules of pleading, discovery, and evidence (including the right to resolution of the dispute by means of motions for summary judgment, judgment on pleadings. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the law governing not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement, the arbitrator shall extend the times set for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, written request to affirmation, reversal or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the California Court of Appeals of a civil judgment following court trial. Should any term or provision, or portion thereof, be declared void or unenforceable it shall be severed and the remainder of this agreement shall be enforceable. I UNDERSTAND THAT BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND THE COMPANY GIVE UP OUR RIGHTS TO TRIAL BY JURY OF ANY CLAIM I OR LWI MAY HAVE AGAINST EACH OTHER.

I further understand that this voluntary alternative dispute resolution program covers claims of discrimination or harassment under Title VII of the Civil Rights Act of 1964, as amended. By marking the box to the right, I elect to waive the benefits of arbitrating Title VII claims.

The at-will employment and/or alternate dispute resolution process referred to above are inapplicable and superseded only to the extent they conflict with any union or collective bargaining agreement for which you are covered.

If you have any questions regarding this statement, please ask a LWI representative before signing. I hereby acknowledge that I have read the above statements, understand them and agree to be bound hereby.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

X

SIGNATURE OF APPLICANT

DATE

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COMPLETE THE FOLLOWING PAGES AFTER HIRING

I also understand that LWI utilizes a system of alternative dispute resolution that involves binding arbitration to resolve all disputes that may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) which private binding arbitration can provide both LWI and myself, both LWI and I agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination and harassment, whether they be based on Title VII of the Civil Rights Act of 1964, as amended, as well as all other state or federal laws or regulations) that either I or LWI (or its directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) may have against each other which would otherwise require or allow resort to any court or other governmental dispute resolution forum arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with LWI, whether based on tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under Workers' Compensation, and Unemployment Compensation claims filed with the state) shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act in conformity with the procedures of the Uniform Arbitration Act and the California Arbitration Act (Cal. Code Civ. Proc. Sec 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery) as may be amended from time to time. However in addition to requirements imposed by law, any arbitrator herein shall be a retired California Circuit Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in United States District Courts, the following shall apply and be observed: all rules of pleading, discovery, and evidence (including the right to resolution of the dispute by means of motions for summary judgment, judgment on pleadings. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement, the arbitrator shall extend the times set for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the California Court of Appeals of a civil judgment following court trial Should any term or provision, or portion thereof, be declared void or unenforceable it shall be severed and the remainder of this agreement shall be enforceable. I UNDERSTAND THAT BY VOLUNTARILY AGREEING TO THIS BINDING ARBITRATION PROVISION, BOTH I AND LWI GIVE UP OUR RIGHTS TO TRIAL BY JURY OF ANY CLAIM I OR LWI MAY HAVE AGAINST EACH OTHER. The alternative dispute resolution process referred to above is inapplicable and superseded only to the extent it conflicts with any union or collective bargaining agreement for which you are covered.

X

SIGNATURE OF EMPLOYEE

DATE

This form must be physically signed to be valid. Applications may be emailed, however, applicants must submit a signed physical copy of the application / required forms before employment commences.

List three Emergency Contacts in case of an emergency.

Table with 4 columns: Name, Relationship, Phone Number, Other Phone Number. Contains 3 empty rows for data entry.



Background Check Authorization

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. Please provide addresses covering at least the last seven years.

Print Full Legal Name Male Female

Print Other Names You Have Used

SSN Drivers License # Issuing State

Birthdate (MM/DD/YY) Place of Birth (City and State)

Current Address City State Zip

County How Long at This Address

Previous Address City State Zip

County How Long at This Address

Previous Address City State Zip

County How Long at This Address

Previous Address City State Zip

County How Long at This Address

I authorize LWI and/or its agents to request a consumer report, or investigative consumer report, about me for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee. I understand that background reports will be requested on me, including: credit reports, criminal convictions, employment history, education, professional references, civil court filings, driving records, and insurance records. These reports will include information as to my character, general reputation, personal characteristics, mode of living, work habits, salary history, performance, education, experience, reasons for termination of employment, and any history of criminal, dishonest, or violent behavior. Further I understand that requests for information will be made of various private and government agencies which maintain records concerning my past activities.

I release LWI and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liability claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

This Background Check Authorization is inapplicable and superseded only to the extent it conflicts with any union and/or collective bargaining agreement for which you are covered.

X

SIGNATURE OF APPLICANT

DATE

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Drug Testing Donor Form

Company Policy: Impairment related to drug or alcohol use is not tolerated in any way. Employees who are in a condition which could impair their ability to perform their job, endanger the safety of themselves or others, cause equipment or property damage, or otherwise expose the company to potential liability will not be allowed to continue working, or to remain in the workplace. This rule applies to anyone who is ill, fatigued, or otherwise incapable of performing his or her job.

For these reasons, 'impairment' is defined to include, but not limited to the inability to perform one's job in the manner prescribed for that function or in accordance with established practice. Such impairment may include but is not limited to the inability to use or operate equipment or tools properly, to communicate clearly, to exercise reasonable judgment in making decisions, to interact with other employees or business contacts in an appropriate manner, or to engage in other appropriate personal behavior. Such impairment, when caused by drug or alcohol abuse, is a violation of this company's policy.

Notice of Testing: I hereby acknowledge that it is the policy of this company, that all candidates for employment or continued employment, must submit a sample of their saliva for chemical or other analysis. I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited controlled substances in my saliva. I hereby freely and voluntarily consent to this request for a saliva specimen and agree to participate in the testing program.

Donor Name: **SSN:**

Donor Address:

Medication Disclosure: *Please list below all drugs and/or medications (including prescription and non-prescription) that you have taken in the last 30 days. If you have taken none, please write "none" on the lines below.*

Type Description	Date of Use	Prescribing Physician
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that the following is true and correct: The specimen of saliva I have provided, is mine. The saliva was provided by me at the time requested for purposes of this test. This test I have taken has NOT been adulterated in any manner. The test device with my saliva, was inserted into the test collection device by me, or in my presence. The completed test was returned to the collector by me, and to my knowledge is in good order.

This Drug Testing Donor Form is inapplicable and superseded only to the extent it conflicts with any union and/or collective bargaining agreement for which you are covered.

X

SIGNATURE OF DONOR

DATE