



Employment Application
Please Print Clearly

Alpha cleaning solutions is a Drug-Free Workplace

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security #: _____ Desired Salary: \$ _____

Position Applied for: _____

Can you perform in a reasonable and safe manner the activities involved in the position for which you have applied? YES NO

Full or Part Time? _____ What Shift? _____ When are you available to start work? _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO Date and Nature of Offense _____

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Trade: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Applicants will be considered without discrimination because of race, color, sex, age, religion, national origin, disability, veteran's status or any other category protected by applicable law. Alpha cleaning solutions LLC provides reasonable accommodations to qualified individuals with disabilities in accordance with the American Disabilities Act (ADA) and applicable State and Local laws.

I understand Alpha cleaning solutions LLC is a second chance company. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my disqualification from employment, or if employed, my termination. I understand this application is not a contract, offer or promise of employment. If hired, I will be able to resign at any time for any reason. Likewise, my employment can be terminated at any time, my employment is at will.

I authorize Alpha cleaning solutions LLC, or its agents to investigate all statements contained in this application or resume. I further understand that a credit and background check may be made. Should a credit be requested, I understand and agree that a separate authorization form will be required, as required by law, and a copy of the report will be provided to me. I hereby release the Employer from liability for seeking such information and all persons, corporations or organizations for furnishing such information.

I understand and agree that I will be required to sign a non-compete agreement and/or a conflict of interest statement.

I understand that Alpha cleaning solutions' is a drug-free workplace. I agree to work under the conditions requiring a drug-free workplace. I also understand that I may be subject to a urinalysis screening or other medically designed test to detect the presence of alcohol and/or drugs as a condition of my employment, continued at-will employment, and following any work-related injury. I agree to undergo random, fitness for duty, return to work and reasonable suspicion of alcohol and drug testing. Refusal to take such tests when asked will result in termination.

I understand that Alpha cleaning solution's LLC hires for U.S.A. citizens or individuals who are legally eligible to work in the United States of America.

This application is current for sixty (60) days.

Signature: _____ Date: _____

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1:
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only **ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim
Dependent
and Other
Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$

**Step 4
(optional):**
Other
Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period**

4(c) \$

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

**Employers
Only**

Employer's name and address

First date of
employment

Employer identification
number (EIN)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
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Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
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Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address		Employee's Telephone Number
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I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

2. A noncitizen national of the United States (See Instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
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Signature of Employee	Today's Date (mm/dd/yyyy)
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If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Document Title 2 (if any)	Additional Information
Issuing Authority	
Document Number (if any)	
Expiration Date (if any)	
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
Issuing Authority	
Document Number (if any)	
Expiration Date (if any)	

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
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For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Emergency Contact Form

Employee Name	_____	Address	_____
Phone Number	_____		_____

Emergency Contacts

Primary Contact in case of emergency:			
Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alternate Phone Number	_____
Secondary Contact in case of emergency:			
Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alternate Phone Number	_____

Physician Contact

Doctor's Name	_____	Address	_____
Phone Number	_____		_____

Employee Authorization

I have voluntarily provided the above contact information and authorize Alpha Cleaning Solution's and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

Employee signature

Date

BACKGROUND CHECK DISCLOSURE

ALPHA CLEANING SOLUTIONS (the "Company") may order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes, to the maximum extent permitted by applicable law.

The background check company, Hire Right Screening and Selection Services will prepare the background report for the Company. Hire Right Screening and Selection Services is located at 100 center view Dr. Suite 300 Nashville TN, 37214 and can be reached by phone at 866-521-6995 or at their Internet Web site address www.hireright.com

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, and credit standing. An "investigative consumer report" is a background report that includes information from personal interviews. Information may be obtained from private and public sources and for investigative consumer reports from personal interviews as noted above. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in the document titled A Summary of Your Rights Under the Fair Credit Reporting Act, as provided on subsequent pages.

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK.

PLEASE PROCEED TO THE NEXT DOCUMENT: THE AUTHORIZATION FOR BACKGROUND CHECKS.

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

First Name _____ Middle Name _____ Last Name _____

For Identification Purposes Only: Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Nickname(s) Used _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

Prior City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

AUTHORIZATION FOR BACKGROUND CHECKS

I authorize the Company to obtain my background report, including investigative consumer reports. I also agree that a copy of this form is valid like the signed original. I understand that, as allowed by law, the Company may rely on this authorization to order additional background reports, including investigative consumer reports, (1) during my employment and (2) from companies other than Hire Right Screening and Selection Services without asking me for my authorization again, as allowed by law. I understand the Company may order a background report under my legal name and any other names I may have used.

I also authorize the following agencies and entities to disclose to Hire Right Screening and Selection Services and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to Hire Right Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

MASSACHUSETTS: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from Hire Right Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting Hire Right Screening and Selection Services.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any, from Hire Right Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.

NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from Hire Right Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting Hire Right Screening and Selection Services.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from Hire Right Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.. You may inspect and order a free copy of the reports by contacting Hire Right Screening and Selection Services. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

WASHINGTON STATE: You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act.

Please print your legal name:

Last Name _____ First _____ Middle _____

Signature _____

_____/_____/_____
Date (Month/Day/Year)

If required, notarize here. When using an embossed seal,
please shade with a pencil before faxing.

Subscribed and sworn before me:

Notary Public Signature

Date

My Commission Expires

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK

Grooming and Appearance Guidelines

It is important that all ALPHA CLEANING SOLUTIONS employees maintain a neat and professional appearance at all times. If you arrive to work not complying with these guidelines you will be sent home.

- **BODY PIERCING** - Rings or other body piercing jewelry through the nose, eyelid, tongue, or other visible body part, other than the ear lobes, are not acceptable.
- **HAIR** - Hair must be clean, neat, and if colored, maintained in a natural tone. This means no colors such as green, purple, blue, pink, etc.
 - Hair styles - A neat natural haircut and hairstyle is important. Extreme haircuts or hair styles are not acceptable. Wearing of head scarves or hats as a fashion accessory is not acceptable. Religious headwear is permitted.
- **EARRINGS**
 - Earrings must be those appropriate for business and that will not cause a safety hazard.
 - Dangling or large hoop earrings are a safety hazard for most positions.
 - Earrings should not be larger than an inch in diameter.
 - Earrings must be matched and gold, silver or a color that blends with the wardrobe.
 - A maximum of two earrings per ear, worn on the ear lobe is permitted.
 - Gauges are not acceptable
- **NAME TAGS** – (If Applicable) Worn in an easily visible spot (e.g. shoulder, chest), outer layer of clothing, at all times.

::

Employee Signature

Date

Cellular Phones at Work Policy

Intent

Alpha Cleaning Solutions has adopted this policy to govern the use of cellular phones in the workplace. This policy is intended to cover cellular telephones, PDAs, Blackberries, two-way radios, and all other forms of portable communication devices. For the purposes of this policy, all communication devices shall be referred to as "cellular phones".

Scope

This policy applies to all Alpha Cleaning Solutions employees.

Policy

1. Alpha Cleaning Solutions employees are directed to utilize their personal or company-supplied cellular phones for business purposes only during regular business hours.
2. Cellular phones are a distraction in the workplace. To ensure the effectiveness of meetings, employees are asked to leave cell phones at their desk. In the event of an emergency or anticipated emergency that requires immediate attention, the cell phone may be carried to the meeting on silent or vibrate mode.
3. Employees are expected to exercise the same discretion in using personal cell phones as they use with company phones. Excessive personal calls during the workday, regardless of the phone used, can interfere with employee productivity and be distracting to others.
4. Employees are directed to avoid making or receiving personal calls during work time and use personal cellular phones only during scheduled breaks or lunch periods in non-working areas.
5. Personal calls should be made during non-work time, and employees should ensure that their friends and family members are instructed of this policy.
6. Alpha Cleaning Solutions is not liable for the loss of personal cellular phones brought into the workplace.
7. Alpha Cleaning Solutions strictly prohibits the use of cellular phones or similar devices while at any work site at which the operation of such device would be a distraction to the user and/or could create an unsafe work environment. Such work sites must be secured or the device used only by an employee who is out of harm's way at such work environments.
8. Kmack Commercial / Alpha Cleaning Solutions employees are strictly prohibited from using cellular phones for any other available purpose (e.g. internet access, gaming, texting, music) during business hours. These functions may be used during scheduled breaks or lunch periods in non-working areas.
9. Alpha Cleaning Solutions employees are strictly prohibited from using any cellular phone or similar device as an unauthorized media storage device for the storage or transport of Alpha Cleaning Solutions business information.
10. For privacy reasons, Alpha Cleaning Solutions employees are prohibited from taking photographs of company facilities or personnel using any camera functions on their cellular phone without first obtaining express written permission from the company.

Use of Mobile Phones While Operating a Motor Vehicle

- Alpha Cleaning Solutions strictly prohibits the use of mobile phones, and PDA's while Alpha Cleaning Solutions owned and operated vehicles, or while operating a vehicle on Alpha Cleaning Solutions business.
- The use of hands-free mobile phones should be kept to a minimum when driving.
- To make or receive calls:
 - Pull over and stop.
 - Allow a passenger to operate the phone.
 - Use voice mail and respond to the call at a safer time; or
 - Let someone else drive, freeing you up to make or receive calls.

Employees are solely responsible for any fines and/or charges laid by the authorities for illegal use of a phone or PDA while operating a vehicle in the course of their employment. Employees who choose to violate the policy will face disciplinary measures up to termination or face legal responsibility if in the course and scope of their duties they are involved in a car accident and there is evidence that they were using their cell phone while driving, and the employer is sued.

Acknowledgement and Agreement

I, (Employee Name), acknowledge that I have read and understand the Cellular Phones at Work Policy of Kmack Commercial. I agree to adhere to this policy and will ensure that employees working under my direction adhere to this Policy as well. I understand that if I violate the rules set forth in this policy, I may face disciplinary action up to and including the termination of my employment, and any legal action pursued by Alpha Cleaning Solutions.

Name:

Signature:

Date:
