

Corporate Mail Services

2502 Biddle Ave. Wyandotte, MI 48192
 (800)458-4101 (313)429-0001 Fax (313)429-0004
www.corporatemailservices.com

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Driver's license number					
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

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.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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CONSUMER AUTHORIZATION

I. I understand that an investigative report will be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I fully give my consent to and understand that _____, on behalf of _____, its clients and my employer, may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with my employer's consideration of me for employment, promotion or position re-assignment or contract now, or at any time during my tenure with my employer.

II. IF APPLICABLE, Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI) which was **revised effective September 30, 1997**, I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box .

V. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by General Information Services, Inc. to furnish the information described in Section I.

CANDIDATE COMPLETE THE FOLLOWING:

Signature

Today's Date

Please print full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Month, Day and Year of Birth

Social Security Number

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of a crime? No Yes If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), **revised effective September 30, 1997**, this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the **FCRA, revised effective September 30, 1997**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of of an employee or the application process, have the Candidate/employee contact General Information Services, Inc.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by (INSERT COMPANY NAME) by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by GIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at GIS in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Corporate Mall Services

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Non Compete Agreement

In consideration of my employment, or continued employment by Corporate Mall Services, Inc. together with its affiliates and subsidiaries and any subsidiaries or affiliates which hereafter, may be formed or acquired and in recognition of the fact that as an employee of the Company, I will have access to the Company's customer and to confidential and valuable business information as of the Company. I hereby agree to the following:

***1) The Company's Business:**

The Company is committed to quality and service in every aspect of its business. I understand that the Company looks to and expects from its employees a high level of competence, cooperation, loyalty, integrity, initiative and resourcefulness.

I understand that as an employee of the Company, I will have substantial contact with the Company's customers and potential customers.

I further understand that all business and fees including insurance, bond, risk management, self insurance, insurance consulting and other services produced or transacted through my efforts shall be the sole property of the Company and that I shall have no right to share in any commission or fee resulting from the conduct of such business other than as compensation referred to in Paragraph 3 hereof. All checks or bank drafts received by me from any customer or account shall be made payable to the Company and all premiums, commissions or fees that I may collect, shall be in the name of and on behalf of the Company.

***2) Duties of Employee:**

I shall comply with all Company rules, procedures and standards governing the conduct of employees and their access to and use of the Company's property, equipment and facilities. I understand that the Company will make reasonable efforts to inform me of the rules, standards and procedures which are in effect from time to time and which apply to me.

***3) Management of the Company:**

The Company may manage and direct its business affairs as it sees fit including without limitation, the assignment of sales territories, notwithstanding any employee's individual interest in or expectation regarding a particular business location or customer account.

***4) Termination of Employment:**

My employment may be terminated after the following procedures:

- A) One Verbal Warning
- B) One Written Warning
- C) TERMINATION OF EMPLOYMENT

Employee is expected to give a two week notice to terminate his or her own employment.

Non Compete Agreement

***5) Agreement Not to Compete with the Company:**

- A.) As long as I am employed by the Company, I shall not participate directly or indirectly in any capacity, in any business or activity that is in competition with the Company.
- B.) In consideration of my employment rights under this Agreement and in recognition of the fact that I will have access to the confidential information of the Company and the Company's relationships with their customers and potential customers constitute a substantial part of their good will, I agree that for (1) One year, from and after termination of my employment, for any reason, unless acting with the Company's express prior written consent, I shall not, directly or indirectly, in any capacity, solicit or accept business from, provide consulting services of any kind to, or perform any of the services offered by the Company for, any of the Company's customers or prospects with whom I had business dealings in the next preceding the termination of my employment.

***6) Unauthorized Disclosure of Confidential Information:**

While employed by the Company hereafter, I shall not, directly or indirectly, disclose to anyone outside of the Company any Confidential Information or use any confidential information (as hereinafter defined) other than pursuant to my employment by and for the benefit of the Company.

The term "Confidential Information" as used throughout this Agreement means any and all trade secrets and any and all data or information not generally known outside of the Company whether prepared or developed by or for the Company or received by the Company from any outside source. Without limiting scope of this definition, Confidential Information includes any customer files, customer lists, any business, marketing, financial or sales record, data, plan, or survey; and any other record or information relating to the present or future business, product or service of the Company. All Confidential Information and copies thereof are the sole property of the Company.

Notwithstanding the foregoing, the term Confidential Information shall not apply to information that the Company has voluntarily disclosed to the public without restriction or which has otherwise lawfully entered the public domain.

***7) Prior Obligations:**

I have informed the Company in writing of any and all continuing obligations that require me not to disclose to the public without restrictions, or which has otherwise lawfully entered the public domain.

***8) Employee's Obligation to Cooperate:**

At any time upon request of the Company (and at the Company's expense), I shall execute all document and perform all lawful acts the Company considers necessary or advisable to secure its rights hereunder and to carry out the intent of this Agreement.

***9) Return of Property:**

At any time upon request of the Company and upon termination of my employment, I shall return promptly to the Company, including all copies of all Confidential Information or Developments and all records, files, blank forms, materials, supplies and any other materials furnished, used or generated by me during the course of my employment and any copies of the foregoing, all of which I recognize to be the sole property of the Company.

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Non Compete Agreement

***10) Special Remedies:**

I recognize that money damages alone would not adequately compensate the Company in the event of breach by me of this Agreement and I therefore agree that, in addition to all other remedies available to the Company at law of in equity the Company shall be entitled to injunctive relief for the enforcement hereof. Failure by the Company to insist upon strict compliance with any of the term, covenants, or conditions hereof shall not be deemed a waiver of such terms, covenants or conditions.

***11) Miscellaneous Provisions:**

This agreement contains the entire and only agreement between me and the Company respecting the subject matter hereof and supersedes all prior agreements and understandings between us as to the subject matter hereof, and no Modification shall be binding upon me or the Company unless made in writing and signed by me and an authorized officer of the Company.

My obligation under this agreement shall survive the termination of my employment with the Company regardless of the manner of or reasons for such termination, and regardless of whether such termination constitutes a breach of the Agreement for of any other agreement I may have with the Company. If any provisions of the Agreement are held or deemed unenforceable or too broad to permit enforcement of such provision to its full extent, then such precision shall be enforced to the maximum extent permitted by the law. If any of the provision hereof shall not be affected thereby.

This Agreement shall be governed and construed according to the law of Michigan and shall be deemed to be effective as of the first day of my employment by the Company.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTOOD ALL OF ITS PROVISIONS AND THAT I AGREE TO BE FULLY BOUND BY THE SAME.

Employee Signature: _____ Date: _____

Accepted By: _____ Date: _____

Officer Title: _____

Become a Corporate Mall Services Employee!

Important qualifications needed to succeed

- Valid Driver's License
- Reliable Transportation
- Ability to Work Independently
- Attention to Detail
- Friendly, Courteous Personality
- Family Friendly Environment
- Part-time or Full-time
- Outdoor work - not stuck in a warehouse or at a desk
- Provide a service that people appreciate
- Ground-level cleaning with very little ladder work
- Flexible schedules available
- Flexible Hours
- On-The-Job paid training

Contact the Corporate Mall Services office for more job opportunity details.
1-800-458-4101 or e-mail: jmeschke@corporatemallservices.com

