

# Application for Employment

## PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

### Personal Information

|                        |                     |             |                |
|------------------------|---------------------|-------------|----------------|
| NAME (LAST NAME FIRST) |                     | DATE        |                |
| PRESENT ADDRESS        |                     | CITY        | STATE ZIP CODE |
| PERMANENT ADDRESS      |                     | CITY        | STATE ZIP CODE |
| PHONE NO.              | SECONDARY PHONE NO. | REFERRED BY |                |

### Employment Desired

|   |  |  |      |
|---|--|--|------|
| POSITION  |  | DATE YOU CAN START   |      |
| ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO                |  | IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |      |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO |  | WHERE  | WHEN |

### Education History

|   | NAME & LOCATION OF SCHOOL | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|---|---------------------------|----------------|------------------|------------------|
| HIGH SCHOOL                               |                           |                |                  |                  |
| COLLEGE                                   |                           |                |                  |                  |
| TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL |                           |                |                  |                  |

### General Information

|  |  |      |
|--|--|------|
| SUBJECT OF SPECIAL STUDY/RESEARCH WORK |  |      |
| SPECIAL TRAINING                       |  |      |
| SPECIAL SKILLS                         |  |      |
| U.S. MILITARY OR NAVAL SERVICE         |  | RANK |

### Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE<br>MONTH AND YEAR<br>FROM<br>TO | NAME & ADDRESS OF EMPLOYER | POSITION | REASON FOR LEAVING |
|--------------------------------------|----------------------------|----------|--------------------|
| FROM<br>TO                           |                            |          |                    |



# Employment Eligibility Verification

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

USCIS

Form I-9

OMB No.1615-0047

Expires 05/31/2027

**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)                  |                             |
| Address (Street Number and Name)  |   | Apt. Number (if any)     | City or Town State ZIP Code                     |                             |
| Date of Birth (mm/dd/yyyy)  | U.S. Social Security Number   | Employee's Email Address |   | Employee's Telephone Number |
| <p>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.</p> | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): |                          |   |                             |
|   | <input type="checkbox"/> 1. A citizen of the United States  |                          |   |                             |
|   | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)                                    |                          |   |                             |
|   | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)  |                          |   |                             |
| <input type="checkbox"/> 4. An alien 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                          |
|   |   | OR                       | Foreign Passport Number and Country of Issuance |                             |
| Signature of Employee   |   |                          | Today's Date (mm/dd/yyyy)                       |                             |

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)  |        |  |  |     |                                       |
| Issuing Authority  |        |  |  |     |                                       |
| Document Number (if any)   |        |  |  |     |                                       |
| Expiration Date (if any)   |        |  |  |     |                                       |
| <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.   |        |  |  |     |                                       |
| 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)             |
| Employer's Business or Organization Name   |        | Employer's Business or Organization Address, City or Town, State, ZIP Code |  |     |                                       |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

| LIST A<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity AND<br>Documents that Establish Employment Authorization  |
|---|----|---|
| <p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <p>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:</p> <ul style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:           <ul style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ul> </li> </ul> <p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p> |    | <p>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address</p> <p>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p> <p><b>For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</b></p> <p>The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> |
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>  | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p> <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>   |

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,  
Preparer and/or Translator Certification for Section 1**

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

**USCIS**

**Form I-9**

**Supplement A**

OMB No. 1615-0047

Expires 05/31/2027

|   |   |   |
|---|---|---|
| Last Name (Family Name) from Section 1. | First Name (Given Name) from Section 1. | Middle initial (if any) from Section 1. |
|---|---|---|

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                     |                         |                         |          |
|-------------------------------------|-------------------------|-------------------------|----------|
| Signature of Preparer or Translator |                         | Date (mm/dd/yyyy)       |          |
| Last Name (Family Name)             | First Name (Given Name) | Middle Initial (if any) |          |
| Address (Street Number and Name)    | City or Town            | State                   | ZIP Code |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                     |                         |                         |          |
|-------------------------------------|-------------------------|-------------------------|----------|
| Signature of Preparer or Translator |                         | Date (mm/dd/yyyy)       |          |
| Last Name (Family Name)             | First Name (Given Name) | Middle Initial (if any) |          |
| Address (Street Number and Name)    | City or Town            | State                   | ZIP Code |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                     |                         |                         |          |
|-------------------------------------|-------------------------|-------------------------|----------|
| Signature of Preparer or Translator |                         | Date (mm/dd/yyyy)       |          |
| Last Name (Family Name)             | First Name (Given Name) | Middle Initial (if any) |          |
| Address (Street Number and Name)    | City or Town            | State                   | ZIP Code |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                     |                         |                         |          |
|-------------------------------------|-------------------------|-------------------------|----------|
| Signature of Preparer or Translator |                         | Date (mm/dd/yyyy)       |          |
| Last Name (Family Name)             | First Name (Given Name) | Middle Initial (if any) |          |
| Address (Street Number and Name)    | City or Town            | State                   | ZIP Code |



**Supplement B,  
Reverification and Rehire (formerly Section 3)**

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

**USCIS**

**Form I-9**

**Supplement B**

OMB No. 1615-0047

Expires 05/31/2027

|   |   |   |
|---|---|---|
| Last Name (Family Name) from <b>Section 1</b> . | First Name (Given Name) from <b>Section 1</b> . | Middle initial (if any) from <b>Section 1</b> . |
|---|---|---|

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

|                                |                          |                         |                |
|--------------------------------|--------------------------|-------------------------|----------------|
| Date of Rehire (if applicable) | New Name (if applicable) |                         |                |
| Date (mm/dd/yyyy)              | Last Name (Family Name)  | First Name (Given Name) | Middle Initial |

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

|                |                          |                                       |
|----------------|--------------------------|---------------------------------------|
| Document Title | Document Number (if any) | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|--------------------------|---------------------------------------|

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

|   |  |                           |
|---|--|---------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) |
|---|--|---------------------------|

**Additional Information (Initial and date each notation.)**

Check here if you used an alternative procedure authorized by DHS to examine documents.

|                                |                          |                         |                |
|--------------------------------|--------------------------|-------------------------|----------------|
| Date of Rehire (if applicable) | New Name (if applicable) |                         |                |
| Date (mm/dd/yyyy)              | Last Name (Family Name)  | First Name (Given Name) | Middle Initial |

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

|                |                          |                                       |
|----------------|--------------------------|---------------------------------------|
| Document Title | Document Number (if any) | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|--------------------------|---------------------------------------|

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

|   |  |                           |
|---|--|---------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) |
|---|--|---------------------------|

**Additional Information (Initial and date each notation.)**

Check here if you used an alternative procedure authorized by DHS to examine documents.

|                                |                          |                         |                |
|--------------------------------|--------------------------|-------------------------|----------------|
| Date of Rehire (if applicable) | New Name (if applicable) |                         |                |
| Date (mm/dd/yyyy)              | Last Name (Family Name)  | First Name (Given Name) | Middle Initial |

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

|                |                          |                                       |
|----------------|--------------------------|---------------------------------------|
| Document Title | Document Number (if any) | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|--------------------------|---------------------------------------|

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

|   |  |                           |
|---|--|---------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) |
|---|--|---------------------------|

**Additional Information (Initial and date each notation.)**

Check here if you used an alternative procedure authorized by DHS to examine documents.

**Employee's Withholding Certificate**

OMB No. 1545-0074

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.

**2026**

|  |   |           |                            |
|--|---|-----------|----------------------------|
| <b>Step 1:<br/>Enter<br/>Personal<br/>Information</b>  | (a) First name and middle initial   | Last name | (b) Social security number |
|  | Address   |           |                            |
|  | City or town, state, and ZIP code   |           |                            |
|  | (c) <input type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying surviving spouse<br><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.) |           |                            |
| <b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information. |   |           |                            |

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://www.irs.gov/W4App).

|  |   |
|--|---|
| <b>Step 2:<br/>Multiple Jobs<br/>or Spouse<br/>Works</b> | 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.<br><br>Do only one of the following.   |
|  | (a) Use the estimator at <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or<br>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or<br>(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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate <input type="checkbox"/> |

**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.)

|  |  |         |  |
|--|--|---------|--|
| <b>Step 3:<br/>Claim<br/>Dependent<br/>and Other<br/>Credits</b> | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):  |         |  |
|  | (a) Multiply the number of qualifying children under age 17 by \$2,200   | 3(a) \$ |  |
|  | (b) Multiply the number of other dependents by \$500   | 3(b) \$ |  |
|  | Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here  | 3 \$    |  |
| <b>Step 4:<br/>Other<br/>Adjustments</b>                         | (a) <b>Other income (not from jobs).</b> 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<br>(b) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here<br>(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period | 4(a) \$ |  |
|  |  | 4(b) \$ |  |
|  |  | 4(c) \$ |  |

|                                  |   |                          |                                      |
|----------------------------------|---|--------------------------|--------------------------------------|
| Exempt from withholding          | I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 <input type="checkbox"/> |                          |                                      |
| <b>Step 5:<br/>Sign<br/>Here</b> | 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                                 |
| <b>Employers<br/>Only</b>        | Employer's name and address   | First date of employment | Employer identification number (EIN) |



## **Acknowledgment and Authorization Regarding Background Investigation**

I acknowledge receipt of the following documents: DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I certify that I have read and understand those documents.

I hereby authorize the obtaining of "consumer reports" about me by PeachyClean Commercial & Construction Cleaning at any time during the hiring process and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish all background information request.

I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization should be as valid as the original.

**Printed Name (First, Middle Initial, Last):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## INFORMATION RELEASE AUTHORIZATION



**Instructions to Applicant:** Complete this release and return it with the Personal History Questionnaire. The Milwaukee County Sheriff's Office requests this information, including the social security number, to complete the employment background verification. The information obtained is used exclusively for the purpose of employment verification.

Note: This release must be signed by a witness. Failure to complete this form will result in delayed processing of your application.

|   |                           |                        |
|---|---------------------------|------------------------|
| Legal Name- Last, First, Middle         | Birth Date                | Social Security Number |
| Resident Address, City, State, Zip Code | Area Code- Home Telephone |                        |
| Former Name- If Applicable              | Area Code- Work Telephone |                        |

### To Whom it May Concern

I authorize any official representative of the Milwaukee County Sheriff's Office bearing or presenting this release, to obtain information and records, including copies of same if requested, pertaining to me or my personal background whether such information and records are public, private, favorable, unfavorable, or confidential in nature from any or all of the following sources. This release remains effective until you receive signed written instructions to the contrary.

1. Records maintained by any law enforcement agency, including but not limited to, records of arrest and/or conviction, juvenile records, or those relating to traffic violations.
2. Any Court, Police Agency, or other location where criminal or misdemeanor records are kept.
3. Present/ Former Employer(s). Including without limitations all disciplinary records, performance evaluations, sick leave records, or other matters contained in my personnel file or any other file maintained by you.
4. All medical records in your possession and/or control, including records of physical or mental examination.
5. Any School, College, University, or other educational institution, including peace officer records.
6. Credit Bureau(s).
7. Military Record Centers.
8. Any Banking Institution.
9. Any Local, State, or Federal Government Agency.
10. Social Security Administration.
11. Landlords, Property Management Companies.
12. Any private citizen who has knowledge of individual.

**Pursuant to Section 103.13 of the Wisconsin State Statute, demand is hereby made that access, and upon request, copies of all relevant records in your possession, be provided to the bearer of this waiver.**

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Milwaukee County Sheriff's Office. I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, including actions brought under s.895.50 Wisconsin Statutes (the Privacy Act) which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization

|    |    |
|----|----|
| 1. | 2. |
|----|----|

A photocopy of this release will be as valid as the original.

(Applicant Signature)

(Date)

(Relationship of Witness to Applicant)

(Witness Signature)

(Date)



## **Employee Handbook Acknowledgement Form**

The Employee Handbook contains important information about the Company, and I understand that I should consult the Company Owner, or my supervisor, regarding any questions not answered in the handbook. I have entered my employment relationship with the Company voluntarily and understand that there is no specified length of employment. Accordingly, either the Company or I can terminate the relationship at will, at any time, with or without cause, and with or without advance notice.

I understand that the information, policies, and benefits on this handbook may be changed at any time. I acknowledge that updates may occur and that any new or revised policies communicated through official notice may replace, modify, or cancel existing ones. I also recognize that only the Company's executive staff has the authority to make changes to the policies in this handbook.

Furthermore, I understand that this handbook does not constitute an employment contract nor a legally-binding employment agreement. I acknowledge that I have had an opportunity to read the handbook and may direct any questions to my supervisor I may have. I accept the terms outlined in the handbook and recognize my responsibility to follow all policies it contains, including any future revisions.

I further agree that if I remain with the Company following any modifications to the handbook, I hereby accept and agree to such changes.

I will access the Company's Employee Handbook at [www.peachycleannow.com/handbook](http://www.peachycleannow.com/handbook) and/or I will ask for a printed copy. I understand that I am expected to read the entire handbook. Additionally, I will sign this Acknowledgment and return one copy to the Company's representative listed below on the date specified. I understand that this form will be retained in my personnel file.

---

Signature of Employee

---

Printed Name of Employee



## DIRECT DEPOSIT AUTHORIZATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Account # \_\_\_\_\_

Routing # \_\_\_\_\_

Type of Account: (Checking or Savings) \_\_\_\_\_

*I authorize the direct deposit of funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize the initiation of correcting (debt) entry, I understand that the authorization may be rejected or discontinued at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to you for distribution. This will delay your check.*

Employee Signature: \_\_\_\_\_

*\*Please staple copy of your voided check for direct deposit\**