



An Equal Opportunity
Employer

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT.	CITY	STATE	ZIP
TELEPHONE		EMAIL ADDRESS		
ARE YOU 18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE <input type="checkbox"/> HISPANIC <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIÁN <input type="checkbox"/> OTHER			VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO

DESIRED EMPLOYMENT

POSITION <input type="checkbox"/> JANITOR <input type="checkbox"/> WAX/FLOOR CREW	AVAILABLE FOR WORK <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> ANY	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	
HAVE YOU EVER APPLIED TO PROFESSIONAL MAINTENANCE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN	
HAVE YOU EVER WORKED FOR PROFESSIONAL MAINTENANCE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN	
REASON FOR LEAVING		
NAME OF YOUR LAST SUPERVISOR AT PROFESSIONAL MAINTENANCE SYSTEMS		
HOW WERE YOU REFERRED TO PROFESSIONAL MAINTENANCE SYSTEMS ? PLEASE LIST NAME BELOW <input type="checkbox"/> AGENCY: _____ <input type="checkbox"/> FRIEND/FAMILY: _____ <input type="checkbox"/> OTHER: _____		

EDUCATION AND TRAINING

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO
TRADE OR BUSINESS SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO

GENERAL

SPECIAL TRAINING
SPECIAL SKILLS
OTHER

EMPLOYMENT HISTORY

LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

Do you speak English? YES NO

Can you perform the essential functions of the position for which you are applying? YES NO

Do you have any physical conditions that may limit your ability to perform the job applied for? YES NO

If yes, please explain: _____

Does heat, standing on your feet, or lifting cause you any difficulty? YES NO

If yes, please explain: _____

Do you have a current and valid Drivers License? YES NO

License # _____ State _____ Expiration Date: _____

Do you have a reliable means of transportation for getting to and from the work site? YES NO

Do you have any reason to be concerned about a background investigation or investigative security clearance interview?

YES NO

APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, GENDER, EXCEPT WHERE GENDER IS A BONAFIDE OCCUPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.

AUTHORIZATION

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

I ATTEST WITH MY SIGNATURE BELOW THAT I HAVE GIVEN TO PROFESSIONAL MAINTENANCE SYSTEMS TRUE AND COMPLETE INFORMATION ON THIS APPLICATION. IF ANY INFORMATION I HAVE PROVIDED IS UNTRUE, OR IF I HAVE CONCEALED MATERIAL INFORMATION, I UNDERSTAND THAT THIS WILL CONSTITUTE CAUSE FOR THE DENIAL OF EMPLOYMENT OR IMMEDIATE DISMISSAL.

Signature:

Date: