



## APPLICATION FOR EMPLOYMENT

**Non-Discrimination Policy:** Professional Building Maintenance Inc. is committed to the principle of equal opportunity in education and employment. This company does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

### GENERAL INFORMATION

Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail address \_\_\_\_\_

Preferred Contact Method:  Home Phone  Cell Phone

If under 18, can you provide a work permit?  Yes  No

Have you ever filed an application here before?  Yes  No If yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, may we contact your employer?  Yes  No

Are you a United States citizen?  Yes  No If no, do you have a valid work permit?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment)

Position(s) Applied For (1) \_\_\_\_\_

(2) \_\_\_\_\_

Referral Source  Newspaper  Friend  Relative  Employment Agency  
 Internet Search  Online Ad  Walk-in  Other \_\_\_\_\_

Employment desired:  Full-Time  Part-Time  Temporary

Salary/Wage desired: \_\_\_\_\_/HR

When are you available for work? \_\_\_\_\_

Can you travel if a job requires it?  Yes  No

Shirt/Uniform Size \_\_\_\_\_

## EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Bus. or Trade School	_____	_____	_____	_____

## DRIVER'S LICENSE (Only necessary for positions which require driving)

Do you have a driver's license?  Yes  No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?  Yes  No How many? \_\_\_\_\_

Have you had any moving violations during the past three years  Yes  No How many? \_\_\_\_\_

## MILITARY

Are you a veteran of the United States military service?  Yes  No If yes, what branch? \_\_\_\_\_

If yes, Date Entered \_\_\_\_\_ Date Discharged \_\_\_\_\_

## WORK EXPERIENCE

Please list your work experience, or attach a resume', for the last 5 years beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Be as specific as possible. Go beyond 5 years if desired to include relevant experience of at least 3 employers.

Most Recent Employer _____ _____ _____	Dates Employed From: _____ To: _____	Work Performed _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Address & Phone Number _____ _____ _____	Supervisor _____ _____ _____	
Job Title & Pay _____ _____ _____	Reason for Leaving _____ _____ _____	
Employer _____ _____ _____	Dates Employed From: _____ To: _____	Work Performed _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Address & Phone Number _____ _____ _____	Supervisor _____ _____ _____	
Job Title & Pay _____ _____ _____	Reason for Leaving _____ _____ _____	

Employer _____ _____ _____	Dates Employed From: _____ To: _____	Work Performed _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Address & Phone Number _____ _____ _____	Supervisor _____ _____ _____	
Job Title & Pay _____ _____ _____ _____	Reason for Leaving _____ _____ _____ _____	

## REFERENCES

Please list two references other than relatives or previous employers. Professional references preferred.

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

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

## WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

Have you ever been convicted of, plead guilty/no contest to, or had a suspended imposition of sentence for any offense (other than a minor traffic violation)?  Yes  No

If Yes, Please Explain?

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## BENEFITS

Are you interested in health/vision/dental benefits?  YES  NO. If yes, you will receive a benefits package from your manager. If you are not interested, please fill out the Waiver of Group Benefits Form at the end of this application.

## AUTHORIZATION

\* A convictional record will not necessarily exclude you from consideration. This information will be used only for job-related purposes and only to the extent permitted by law.

\*I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

\*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.

\*This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

PLEASE SIGN HERE: \_\_\_\_\_ Date: \_\_\_\_\_