



EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY

APPLICANT INFORMATION				
Last Name	First	M.I.	Date	
Street Address			Apartment/Unit #	
City	State	ZIP		
Phone	Alternate Phone			
Date Available			Desired Wage	
Position Applied for				
If hired, can you provide verification of your right to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Proof of identity and eligibility will be require upon employment
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Do you have any relatives or friends who work for the Company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?
Do you have reliable transportation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you over the age of 18 years? YES <input type="checkbox"/> NO <input type="checkbox"/>
Can you perform and/or meet the essential functions and/or duties of the position for which you are applying with or without accommodation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOTE: if you have questions as to what functions are applicable to the position for which you are applying (including physical limitations, accommodations and/or background result requirements), please ask the interviewer before you answer this question.
Veteran of the U.S. Military Service?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, branch?

DAYS AND HOURS AVAILABLE (If employed, I understand that I am required to work the schedule mandated by the company.)							
DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

EDUCATION				
	Name and Location of School	Course of Study	Number of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

JOB SPECIFIC SKILLS
List skills or training you have received that relate to the job you are applying for.

PROFESSIONAL EXPERIENCE

(Start with your present or most recent position. Use an additional sheet of paper if more space is needed).

May we contact this employer? YES NO

Employer _____ Telephone _____

Full Address _____ Supervisor _____

Dates Employed From: _____ To: _____

Rate of Pay Beginning: _____ Ending: _____

Title _____ Reason for Leaving _____

Describe the work performed:

May we contact this employer? YES NO

Employer _____ Telephone Number _____

Full Address _____ Supervisor _____

Dates Employed From: _____ To: _____

Rate of Pay Beginning: _____ Ending: _____

Title _____ Reason for Leaving _____

Describe the work performed:

May we contact this employer? YES NO

Employer _____ Telephone Number _____

Full Address _____ Supervisor _____

Dates Employed From: _____ To: _____

Rate of Pay Beginning: _____ Ending: _____

Title _____ Reason for Leaving _____

Describe the work performed:

PERSONAL REFERENCES (Give at least **two** references – not relatives - with whom you have known for more than three years).

Name	Address	Telephone	Occupation

It is the policy of Reliable Facilities Service, Inc. to provide equal employment opportunity to all employees and applicants for employment and not to engage in discrimination against or harassment of any persons employed or seeking employment on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), genetic information (including family medical history), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994) as well as state military and naval service. This policy applies to all employment practices, including recruitment, selection, promotion, transfer, merit increase, salary, training and development, demotion, and separation. **IMPORTANT, PLEASE READ AND SIGN:** I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice. I also understand that I may be asked to take a pre-employment drug and background screening and that those results may determine whether or not I am able to begin or continue working with this company.

Signed: _____ Date: _____

RESULTS: (FOR OFFICE USE ONLY) Hired? YES NO If Yes, Job Title and Department: _____

Date Beginning Employment: ____/____/____ Compensation: \$ _____ per _____

Interviewed By: _____ Date: ____/____/____