

APPLICATION FOR EMPLOYMENT

FACILITY MASTERS IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING AGE, SEX, COLOR, RACE, NATIONAL ORIGIN, RELIGION, MARITAL STATUS, SEXUAL ORIENTATION, POLITICAL BELIEF OR DISABILITY.

FEREDAL LAW PROHIBITS THE EMPLOYMENT OF UNAUTHORIZED ALIENS. ALL PERSONS HIRED MUST SUBMIT SATISFACTORY PROOF OF EMPLOYMENT AUTHORIZATION AND IDENTITY WITHIN THREE (3) DAYS OF BEING HIRED. FAILURE TO SUBMIT SUCH PROOF WITHIN THE REQUIRED TIME SHALL RESULT IN IMMEDIATE EMPLOYMENT TERMINATION.

PERSONAL INFORMAT			DATE:		
				DAIL.	
NAME:					
	LAST	FIRST		MIDDLE	
ADDRESS:					
NO.	STREET	CITY	STATE	3	ZIP
TELEPHONE NUMBER: CELL PHONE NUMBER:					
ARE YOU AT LEAST 18 YEAR IF YOU ARE UNDER 18 AND STILL	S OLD? L IN HIGH SCHOOL, YOU MAY BE REQU	IRED TO PROVIDE A WORK PERM	YES MIT UPON HIRE.	по□	
EMPLOYMENT DESIR	ED				
POSITION APPLYING FOR: J	JANITOR DAY PORTER C	LEAN ROOM FLOOR CR	EW□ SUPERVISO	R OTHE	3□
ARE YOU ABLE TO PERFORM ACCOMODATION? YES	THE ESSENTIAL FUCTIONS OF THE NO□	IE JOB FOR WHICH YOU ARE	APPLYING, WITH OR	WITHOUT RE	EASONABLE
PLEASE INFORM HUMAN RESOUR	RCES DEPARMENT IF YOU REQUIRE RE	ASONABLE ACCOMODATION FO	R THE APPLICATION OR	INTERVIEW.	
LIST ANY SPECIAL TRAINING	i:				
ARE YOU APPLYING FOR:	FULL-TIME WORK□ OR PART-TIME WORK□	WHAT DAYS ARE YOU A			
	PARI-IIVIE WORK	WHAT HOURS ARE TOU	AVAILABLE:		
IF HIRED, ON WHAT DATE CAN YOU START WORK: SALARY DESIRED:					
ARE YOU CURRENTLY EMPL	OYED?	MAY WE CONTACT YOU CURRENT EMPLOYER?			
EDUCATION NAME & LOCATION GRADUATED? DEGREE OR DIPLOMA					
GRAMMAR SCHOOL	NAME & EOCA	HON		0	DEGREE OR DII LOMA
HIGH SCHOOL					
COLLEGE /					
UNIVERSITY					
OTHER (SPECIFY)					

(CONTINUED ON OTHER SIDE)

EMPLOYMENT HISTORY: LIST BELOW PRESENT AND PAST EMPLOYMENT STARTING WITH YOUR MOST RECENT EMPLOYER NAME & TELEPHONE NUMBER OF EMPLOYER DATE OF POSITION REASON EMPLOYMENT FOR LEAVING FROM FROM TO FROM TO REFERENCES: LIST BELOW TWO PEOPLE NOT RELATED TO YOU WHO HAVE KNOWLEDGE OF YOUR WORK PERFORMANCE NAME (FIRST AND LAST) TELEPHONE NUMBER OCCUPATION YEARS ACQUAINTED PLEASE READ EACH SECTION CAREFULLY AND SIGN WHERE INDICATED I HEREBY CERTIFY THAT I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT MIGHT ADVERSELY AFFECT MY CHANCES FOR EMPLOYMENT AND THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY OMISSION OR MISSTATEMENT OF MATERIAL FACT ON THIS APPLICATION OR ON ANY DOCUMENT USED TO SECURE EMPLOYMENT SHALL BE GROUNDS FOR REJECTION OF THIS APPLICATION OR FOR IMMEDIATE DISCHARGE IF I AM EMPLOYED, REGARDLESS OF THE TIME ELAPSED BEFORE DISCOVERY I UNDERSTAND THAT I MAY BE SUBJECT TO A BACKGROUND CHECK AND HEREBY AUTHORIZE FACILITY MASTERS TO THOROUGHLY INVESTIGATE MY REFERENCES, WORK RECORDS, EDUCATION AND OTHER MATTERS RELATED TO MY SUITABILITY FOR EMPLOYMENT AND, FURTHER, AUTHORIZE THE REFERENCES I HAVE LISTED TO DISCLOSE TO FACILITY MASTERS ANY AND ALL LETTERS, REPORTS AND OTHER INFORMATION RELATED TO MY WORK RECORDS, WITHOUT GIVING ME PRIOR NOTICE OF SUCH DISCLOSURE. IN ADDITION, I HEREBY RELEASE FACILITY MASTERS, MY FORMER EMPLOYERS AND ALL OTHER PERSONS, CORPORATIONS, PARTNERSHIPS AND ASSOCIATIONS FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR IN ANY WAY RELATED TO SUCH INVESTIGATION OR DISCLOSURE. I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED OR DURING MY EMPLOYMENT, IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND FACILITY MASTERS. IN ADDITION, I UNDERSTAND AND AGREE THAT IF I AM EMPLOYED, MY EMPLOYMENT IS FOR NO DEFINITE OR DETERMINABLE PERIOD AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR FACILITY MASTERS, AND THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON FACILITY MASTERS UNLESS MADE IN WRITING AND SIGNED BY ME AND FACILITY MASTERS DESIGNATED REPRESENTATIVE. APPLICANT'S SIGNATURE: DATE: APPLICANT – DO NOT WRITE BELOW THIS LINE (OFFICE USE ONLY) INTERVIEWED BY: DATE: SUPERVISOR: JOB SITE: START DATE: POSITION: HOURS PER DAY: DAYS PER WEEK: RATE: \$ CIRCLE DAYS: SUN MON TUE WED THU FRI SAT WORK HOURS (START / END):

(PAYROLL USE ONLY) EMPLOYEE #