

EMPLOYMENT APPLICATION



industries, inc

Management Consulting, Logistical
& Facilities Management Support & Environmental Services

Date: _____

Last Name:		First Name:		MI:	SS/DL#:	
Present Address:						
Home Phone:		Mobile Phone:		Email:		
Permanent Address, if Different from Present Address:						
If you are hired, can you provide proof you are legally able to work in the US?				YES	NO	
How were you referred to us?						
Advertisement	Employee		Employment Agency		Walk-In	Other
Have you been convicted of a criminal offense (felony or misdemeanor)? If yes, please state nature of offense(s), date, city/state and disposition on a separate sheet of paper. Note: An affirmative answer will not necessarily result in disqualification for employment. YES NO						
List any relatives or employees employed by the company.					Relationship:	
EMPLOYMENT						
Position Desired:				Salary Desired:		
What days and hours are you available to work?						
Are you available for overtime?	YES	NO	Are you over 18 years of age?		YES	NO
When are you available to begin work?						
If under 18, can you provide a work permit?			YES	NO		
Are you able to perform the essential functions of the job for which you are applying?			YES	NO		
Note: We comply with the Americans with Disabilities Act and consider reasonable accommodations measures that may be necessary for eligible applicants to perform essential functions.						
SKILLS						
Many of our customers/clients/patients do not speak English. Do you speak, write or understand any foreign language? YES NO						
If yes, which language(s) and with what proficiency?						
Are you able to operate a personal computer?		YES	NO	Types of software:		
List other office machines you can operate:						
Specific skills or training: What knowledge, special skills, and/or individual capabilities do you have which especially prepare you for the position applied for?						

EDUCATION

Type of School	Name & Location of School	# of Years to Completed	Graduated Yes No	Degree of Diploma(s)	Major Field of Study
High School or Trade School					
Business or Tech School					
Jr. College and/or University					
Other Training (Explain)					

EMPLOYMENT HISTORY

Experience: Please account for all employment within the last seven (7) years, beginning with your current or more recent employer. In addition, please indicate any other experience which you believe is relevant to the position for which you are applying (*e.g.*, volunteer experience, military service, experience gained over seven (7) years prior, etc.) Attach an additional sheet if extra space is needed.

Answer all of the following questions if you are applying for a professional, licensed or certified position.

Are you licensed/certified for the job you are applying for? YES NO

Name of license/certification:

Issuing State:

License/Certification Number:

Has your license/certification ever been revoked or suspended: YES NO

If yes, explain:

POSITIONS HELD:

COMPANY NAME:	Date Employed:	Starting Salary:	
	From:	To:	Ending Salary:
Street Address:	Job Title:		Hours Worked
			From:
			To:
City, State, Zip Code:	Specific job duties: 1. 2. 3.		
Telephone:			
Supervisor:			
Is this your current employer? YES NO			
May we contact this employer? YES NO	Reason for Leaving?		
	What is the most important skill demonstrated on the job?		

POSITIONS HELD (CON'T)				
COMPANY NAME:	Date Employed:		Starting Salary:	
	From:	To:	Ending Salary:	
Street Address:		Job Title:		Hours Worked:
				From:
City, State, Zip Code:		Specific job duties: 1. 2. 3.		
Telephone:				
Supervisor:				
Is this your current employer? YES No				
May we contact this employer? YES NO		Reason for Leaving?		
		What is the most important skill demonstrated on the job?		

POSITIONS HELD (CON'T)				
COMPANY NAME:	Date Employed:		Starting Salary:	
	From:	To:	Ending Salary:	
Street Address:		Job Title:		Hours Worked:
				From:
City, State, Zip Code:		Specific job duties: 1. 2. 3.		
Telephone:				
Supervisor:				
Is this your current employer? YES No				
May we contact this employer? YES NO		Reason for Leaving?		
		What is the most important skill demonstrated on the job?		

PERIODS OF UNEMPLOYMENT:

Please account for all periods of unemployment within the last seven (7) years, beginning with your most recent period of unemployment.

Date Unemployed: From: To:	Reason for Unemployment:
Date Unemployed: From: To:	Reason for Unemployment:
Date Unemployed: From: To:	Reason for Unemployment:

MILITARY SERVICE

Have you obtained any special skills or abilities as a result of service in the military? YES NO

If yes, please describe:

PERSONAL REFERENCES

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

NAME:	ADDRESS:	PHONE NO:
NAME:	ADDRESS:	PHONE NO:

APPLICANT'S STATEMENT: (Initial each numbered item as read)

- _____ The information that I have provided on this application is accurate to the best of my knowledge and can be verified by the Company or its agents.
- _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of the Company, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release the Company, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
- _____ I understand that the Company is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Company has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in refusal to hire or, if already employed, terminated.
- _____ I authorize the Company to obtain consumer reports from consumer reporting agencies for use in deciding whether or not to offer me employment. I understand that such reports may include information concerning my credit worthiness, credit standing, credit capacity, character, general reputation, persona characteristics, or mode of living. I understand that if I am denied employment based upon information obtained in any credit report, I will be provided with the name, address, and telephone number of the consumer reporting agency, a copy of the report, and an explanation of my rights concerning it.
- _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment regardless of the time elapsed before discovery.
- _____ I understand and agree that the employment for which I am making application is, and is intended to be, at-will and such employment may be terminated at any time with or without cause, without prior notice by either myself or the Company. There will be no agreement, expressed or implied, between the Company and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, and signed by an authorized representative of the company.
- _____ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the foregoing seven (7) statements.

Date

Name

Signature