

Answer all questions completely in your handwriting in ink. We are an Equal Opportunity Employer. No question on this application is intended to be discriminatory under any applicable Federal, State or Local Fair Employment Practices Law.

I. PERSONAL INFORMATION

Last Name		First	Middle	Date of Birth:
Street Address			Home Phone:	
City		State	Zip	Mobile:
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number - -
If you are under age 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name:		Do you have friends or relatives working for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name and relationship:		
Emergency Contact Name:			Phone ()	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (convictions will not necessarily disqualify you for the position)		If "Yes" list offense, Date and Disposition of the Case		

II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Salary Desired	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>	Days and hours available for work		
How were you referred to our company? <input type="checkbox"/> Agency (Name) _____		Employee Referral (Name) _____ <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> Walk-in	

III. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade completed	Did you graduate?	Degree or Diploma
High School			1 2 3	<input type="checkbox"/> Y <input type="checkbox"/> N	
College/University			1 2 3	<input type="checkbox"/> Y <input type="checkbox"/> N	
CERTIFICATES			1 2 3	<input type="checkbox"/> Y <input type="checkbox"/> N	
TRAINING			1 2 3	<input type="checkbox"/> Y <input type="checkbox"/> N	

IV. SKILLS - If Applicable for Position for Which You Are Applying

Please CIRCLE all jobs you have EXPERIENCE in:

General Cleaning Housekeeping Maintenance/Handyman Locker Room Service Attendant Customer Service
 Taking Inventory Driving Company Vehicles Office Cleaning

List maintenance related machines you operate, if any: Pressure Washer Auto Scrubber Steam Machine Buffer Vacuum Water Extractor

Can you communicate in English? YES NO Do you enjoy cleaning? YES NO

Do you have any experience, training, qualifications or skills which you think make you especially suited for work at this company? (Explain)

V. EMPLOYMENT INFORMATION (Start with Current or Most Recent Employer)

1	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? _ Yes _ No	
2	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? _ Yes _ No	
3	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? _ Yes _ No	
4	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? _ Yes _ No	

VI. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

Initial	I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide FACILITY VALUE with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.
Initial	In consideration of employment, I agree to obey the rules and standards of FACILITY VALUE. I understand that nothing contained in this application or in the interview process is intended to create a contract between THE COMPANY and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or FACILITY VALUE. This constitutes my entire agreement with FACILITY VALUE with regard to the length of my employment.
Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment physical examination that may include an alcohol and drug test. I further understand that at any time during my employment, I may be required to take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to FACILITY VALUE or its agents, all medical information revealed during such examinations. I further authorize FACILITY VALUE to disclose such information to any other persons, if at any time my medical condition is put at issue in any proceeding by myself or others. In the event that I have a disability that will affect my ability to take the test, I will so inform FACILITY VALUE so that a reasonable accommodation can be made. FACILITY VALUE reserves the right to require medical documentation concerning the need for accommodation.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.

Applicant Signature:	Date:
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FACILITY VALUE INC.