

### An Equal Opportunity Employer

Please Print					
Date	Last Name	First Name		Middle	
Present Addr	ess				
No. & Street		City	State 2	Zip	
Permanent A	ddress (if different from present	address)		_	
No. & Street () Business Phone	() Home Phone	City	State 2	Zip	
Employmen	t Desired				
Position appl	ying for:				
•	<b>formation</b> er applied to or worked for Chie when?	-			Yes No
•	any friends or relatives working state name(s) and relationship:	g for Chief Building Services?	,		🗌 Yes 🗌 N
Name			Relationship		
Name			Relationship		
Why are you	applying for work at Chief Bui	lding Services?			
If hired, wou	ld you have a reliable means of	transportation to and from wo	rk?	🗌 Yes	□ No
•	ast 18 years old? (If under 18, h gal age.)		•	🗌 Yes	🗌 No
	you present evidence of your U. this country?				🗌 No
with or with	to perform the essential function out reasonable accommodation? escribe the functions that canno			🗌 Yes	□ No
11 110, u		oo portornica.			

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

# **Employment Application – Short Form**

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?		
	🗌 Yes 🔲 No	
If yes, state nature of the crime(s), when and where convicted, and disposition of the case.		

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

#### Education, Training, and Experience

School	Name and Address			No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	Name				Yes No	
	Address			_		
	City	State	Zip			
College/ University	Name				□ Yes □ No	
c in croity	Address			_		
	City	State	Zip			
Vocational/ Business	Name				□ Yes □ No	
	Address			_		
	City	State	Zip			
Health Care Training	Name				Yes No	
	Address			_		
	City	State				

# **Employment Application – Short Form**

### **Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

	( )	-			
Name of Employer	Telephone No	0.			
Fype of Business	Your Supervi	sor's Name			-
Address & Street	City		State	Zip	_
Dates of Employment: From To		Weekly Pay:	arting	Ending	
Your Position and Duties					
Reason for Leaving					
May we contact this employer for a reference?				Yes No	
Name of Employer	Telephone No	<b>-</b>			
Fype of Business	Your Supervi	sor's Name			-
Address & Street	City		State	Zip	_
Dates of Employment: From To		Weekly Pay:	arting	Ending	
Your Position and Duties					-
Reason for Leaving					
May we contact this employer for a reference?				Yes No	
Note: Attach additional page(s) if necessary.					
References					
List below three persons not related to you who ha	ave knowledge	of your work p	erformar -	ice within the last	three years.
First Name Last Name		Telephone	e No.		
Address & Street	City		State	Zip	_

Occupation

No. of Years Acquainted

## **Employment Application – Short Form**

References, contin	ued
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			()		
First Name	Last Name		Telephone No.		
Address & Street		City	State	Zip	
Occupation		No. of Years Acquainted			
First Name	Last Name		(		
Address & Street		City	State	Zip	
Occupation		No. of Years Acquainted			

#### Please Read Carefully, Initial Each Paragraph and Sign Below

- Initials 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 further certify that I, the undersigned applicant, have personally completed this application. 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.
- Initials Ini
- 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 the Company. 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 the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.
- Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Applicant's Signature

Date