

EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY

AllFacilities, Inc. is an equal-opportunity employer.

Position Applied For:		Date of Application:		
Name:	Middle	Last		
Address: PO Box / Apt.			Chata ZID Code	
	.# Street Address E-Ma	City	State ZIP Code	
Type of Employment		☐ Part Time	☐ Temporary	
		☐ Yes	☐ No	
Have you ever been convicted of a felony?				
Are you legally availa	able for employment in the U.S.A?	∐ Yes	∐ No	
If you are under 18 y a work permit?	ears of age, do you have	☐ Yes	☐ No	
If hired, what date are	e you able to start?			
WORK EXPERIEN	ICE			
Dates of Employmen	nt:	Employer:		
Job Title:		Address:		
Phone:				
Immediate Superviso	or's Title:		_	
Hourly Rate / Salary:	·			
Reason for Leaving:				
Nature of work / Responsibilities:				



Dates of Employment:	Employer:
Job Title:	Address:
Phone:	
Immediate Supervisor's Title:	
Hourly Rate / Salary:	
Reason for Leaving:	
Responsibilities:	
Dates of Employment:	Employer:
	Employer:
Job Title:	Address:
Job Title: Phone:	Address:
Job Title: Phone: Immediate Supervisor's Title:	Address:
Job Title: Phone: Immediate Supervisor's Title: Hourly Rate / Salary:	Address:
Job Title: Phone: Immediate Supervisor's Title: Hourly Rate / Salary: Reason for Leaving: Nature of work /	Address:



EDUCATIONAL BACKGROUND

School	Year Completed	Degree/Diploma	Major/Minor
		_	
Please list all software with w	hich you are proficient	:	
Please list professional, trade	e, business or civic offi	ces held:	
Please list any special accon	nplishments, publicatio	ns or awards:	
REFERENCES: Please list at least 2 professional re	ferences and 1 personal refe	erence (not a relative).	
Name	Telephone	Years Knowr	a & Professional Relationship
		<u>_</u>	



I understand and agree that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or termination from this employer's service.

I give AllFacilities, Inc. the right investigate all references and to secure additional information about me, if jobrelated. I hereby release from liability AllFacilities and its representatives for seeking such information and other persons, corporations or organizations for furnishing such information.

AllFacilities is an equal opportunity employer and does not discriminate in employment and no questions on this application shall be used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is valid for 60 days; at the conclusion of 60 days, if AllFacilities has not indicated otherwise, it will be necessary for the applicant to complete a new application.

I understand that I am free to resign at any time and AllFacilities reserves the right to terminate my employment with or without cause and without prior notice. I understand that no representative of the employer has the authority to make assurances to the contrary.

I understand that it is AllFacilities's policy not to refuse to hire a qualified individual with a disability because of the applicant's need for an accommodation as required by the Americans with Disabilities Act.

Please sign below.		
(Signature)	(Date)	