

# ALL PHASE MAINTENANCE INC.

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, sex, religion, handicap or national origin.

### PERSONAL INFORMATION

DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ DRIVERS LICENSE NUMBER \_\_\_\_\_  
*Please provide copy of license for file*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ ARE YOU A U.S. CITIZEN AUTHORIZED TO WORK IN THE U.S.? YES NO

REFERRED BY \_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE CONTACT THEM? YES NO

### EDUCATION

	NAME, CITY & STATE OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED DEGREE(S) RECEIVED
GRAMMAR SCHOOL			YES / NO	
HIGH SCHOOL			YES / NO	
COLLEGE			YES / NO	
TRADE OR BUSINESS SCHOOL			YES / NO	

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## GENERAL

SPECIAL SKILLS

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OTHER ACTIVITIES (CIVIC, ATHLETIC, ETC.)

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## FORMER EMPLOYERS LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST.

DATE MONTH & YEAR FROM TO	NAME, CITY & STATE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

**HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 10 YEARS?** YES NO  
If yes, explain conviction(s), nature of offense(s), State where offense(s) occurred, and sentence(s) imposed by the Court.

## REFERENCES LIST BELOW THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN
1				
2				
3				

## AUTHORIZATION

I AUTHORIZE INVESTIGATION ON ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OF INFORMATION REQUESTED IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT CAUSE AND WITHOUT ANY PREVIOUS NOTICE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_