

Provide complete information about your employment (including military service), starting with the most recent (even if furnishing a resume).

Are you currently employed? Yes No May we contact your present employer? Yes No

EMPLOYER:			PHONE:	ADDRESS:
START DATE:	END DATE:	JOB TITLE:		SUPERVISOR:
RESPONSIBILITIES:				
REASON FOR LEAVING:			COMMENTS:	
Voluntary Quit	Discharged	Reduction		
EMPLOYER:			PHONE:	ADDRESS:
START DATE:	END DATE:	JOB TITLE:		SUPERVISOR:
RESPONSIBILITIES:				
REASON FOR LEAVING:			COMMENTS:	
Voluntary Quit	Discharged	Reduction		
EMPLOYER:			PHONE:	ADDRESS:
START DATE:	END DATE:	JOB TITLE:		SUPERVISOR:
RESPONSIBILITIES:				
REASON FOR LEAVING:			COMMENTS:	
Voluntary Quit	Discharged	Reduction		

For additional employment history, please request another form.

List any additional information you would like us to consider: _____

EMPLOYMENT REFERENCES

Provide three **professional work-related** references.

NAME	JOB TITLE	PHONE	YEARS KNOWN

All statements and information provided on my application and/or in an interview are true and correct, and no attempt has been made to conceal or withhold pertinent information. Any falsification or misrepresentation given in my application and/or interview is cause for termination in the event I am employed. I hereby authorize investigation of all the statements I have made herein. I authorize the companies, or persons named (including former supervisors) to give information regarding my past employment together with any information they may have regarding me that is in their records. I hereby release said companies or persons, and "The 380 Companies" from all liability for any damage whatsoever for issuing or obtaining this information.

I understand that unless there is a written special agreement between "The 380 Companies" and me to the contrary, all employment at "The 380 Companies" is "at will". I understand that there is no guarantee of any continued future employment should I become an employee of "The 380 Companies". I further understand that the Employee Handbook is for guidance purposes only and provides no promises or contract as to my employment. As an "at will" employee, I understand that my employment may be terminated at any time for any reason without recourse by me.

It is the policy of "The 380 Companies" not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).

I understand that this Application for Employment shall be active for a period of 60 days. If I continue my interest in employment with "The 380 Companies" after that period, I understand it is my responsibility to complete a new employment application form.

Signature

Date

FOR OFFICE USE ONLY	
	RECONSTRUCTION 380
	SERVICEMASTER 380

Authorization for Release of Personal Records & Information

Print Name: First, Middle, Last	Social Security Number	Date of Birth	Driver's License Number	State

Print **ALL** other names used including maiden, married, nickname, legal name changes, etc:

	From:		To:	
	From:		To:	
	From:		To:	

Print current & former home addresses; (start with current and include all addresses and dates for the past 7 years):

	From:		To:	
	From:		To:	
	From:		To:	
	From:		To:	

Print present and last five employers (start with current and include, address, city, state & phone number)

	From:		To:	
	From:		To:	
	From:		To:	
	From:		To:	
	From:		To:	

DISCLOSURE, CONSENT AND RELEASE:

My Signature below does authorize the company to now, and at any time during my employment, request any present or former employer, school, police department (Criminal History or Criminal Background Check), financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish bearer with any and all information in their possession regarding me. I further authorize the company to use any and all information included in my application for position and/or resume, and all information presented by me, or subsequently developed by the company in order that my employment qualifications may be evaluated. According to the Fair Credit Reporting Act, if any adverse decision is made with regards to application for employment based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, I am entitled to receive a copy of that report upon written request, and a disclosure of the nature and scope of the investigative report, including the name, address and telephone number of the consumer reporting agency.

I certify that all the information provided by me is true and complete to the best of my knowledge. If I am employed, any false statement given is grounds for immediate dismissal. I hereby fully release and hold any and all parties and/or departments and/or organizations blameless and release them from any and all liability for statements or opinions made regarding my character, experience or qualifications. I sign this release with prior knowledge that individuals, departments, agencies and companies are fallible, and from time to time may make mistakes, and that this release allows the company to investigate and obtain information stated above. This information will be utilized for employment purposes only, and shall not be disclosed to any other party unless such disclosure is employment related.

I have read this statement and understand it. This release is given freely without pressure or duress. A copy or facsimile of this authorization is to be accepted with the same authority as the original. I agree to submit this application and consent by electronic means. By signing this application electronically, I certify under penalty of perjury and false swearing that the above information is correct and complete to the best of my knowledge.

Signature

Date

Phone