



EXECUTIVE MAINTENANCE, INC.

OFFICE ONLY	EMPL#	RATE \$	BUILDING #	START DATE
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First	Middle	Last	Date	
Street Address			Home Telephone	
City, State, Zip			Cell Phone #	
Are you eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			IMPORTANT Fill this Only if Hired. Leave Blank if waiting for employment. Social Security #	
Have you ever been employed with us? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you have family members employed with us? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES who?				
E-mail account:				
School	Name	Course of Study	Diploma?	No. Years
Business/Trade /Technical				
Elementary / High school				

Employment History

Company Name	Weekly Pay / Hourly Pay Start \$_____ Finish \$_____
Address & Telephone	Employment - (State month & year) From _____ To _____
Name of Supervisor	Telephone
State job title and describe your work	Reason for leaving



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The information provided in this application for employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer-reporting agency to report on my credit and personal history I authorized you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from the nature and substance of the information contained in the report.

Date

Signature