



FACILITYBUILD, INC.

APPLICATION FOR EMPLOYMENT

PLEASE PRINT – EACH ITEM MUST BE FILLED IN

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

DATE: _____ POSITION APPLIED FOR: _____

LEGAL NAME: _____ TELEPHONE: _____
FIRST MIDDLE LAST

ADDRESS: _____
STREET CITY STATE ZIP

SOCIAL SECURITY No.: _____

PROOF OF CITIZENSHIP OR LEGAL RESIDENCY. Please provide proof to be attached to this application.

Referral if any: _____

1. Have you filed an application here before? ____ Yes ____ No If yes, give date _____

2. Have you ever been employed here before? ____ Yes ____ No

3. Are you employed now? ____ Yes ____ No

May we contact your present employer? ____ Yes ____ No

4. If employed and you are under 18, can you furnish a work permit? ____ Yes ____ No

5. On what date would you be available for work? _____

6. Are you available to work ____ Full Time ____ Part Time, or ____ Temporary?

Explain: _____

7. Are you on a lay-off and subject to recall? ____ Yes ____ No

8. Have you been convicted of a felony within the last 7 years? ____ Yes ____ No

(Conviction will not necessarily disqualify applicant from employment.) If yes, please explain: _____

Please initial this page after completing _____

9. Have you had in the past or do you at the present time have any respiratory problems? ____ Yes ____ No
If yes, please explain _____

10. Have you ever been involved in a Worker's Compensation claim due to an injury incurred at work? ____ Yes
____ No. If yes, please explain _____

11. Do you have any physical limitations such as, but not limited to: bad back, poor eyesight, arthritis or any other
limitations? ____ Yes ____ No. If yes, please explain _____

12. Do you have any mental limitations such as fear of heights, fear of enclosed places, etc? ____ Yes
____ No. If yes, please explain _____

13. Have you ever received unemployment compensation within the last three (3) years? ____ Yes ____ No. If
yes, please explain each time and the length of time _____

14. Do you currently consume tobacco? ____ Yes ____ No
15. Have you ever worked with asbestos or any other hazardous materials in the past? ____ Yes ____ No. If yes,
please explain _____

16. Is there any reason why you would not be able to wear personal protective equipment including disposable clothing
and a fitted NIOSH approved respirator? ____ Yes ____ No. If yes, please explain _____

17. Have you had an Asbestos or Hazmat Medical Examination within the last year? ____ Yes ____ No
18. List any special training that you have that you feel would be beneficial to FacilityBUILD, Inc., if
employed _____

PLEASE READ CAREFULLY

We truly welcome your application with FacilityBUILD, Inc. We're proud that our success is the result of the quality and caliber of our employees. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence we require, as a condition of employment, that all applicants consent to and authorize a pre-employment and/or continued employment verification of their background, including information submitted on their application or resume.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that FacilityBUILD, Inc. may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, conduct drug testing and to receive any criminal history record to verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility under FacilityBUILD, Inc. employment policies.

I authorize Employment Research Services (ERS), and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representatives of FacilityBUILD, Inc.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide ERS with all information that may be requested. I hereby release all of the persons and Agencies providing such information that may be requested. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge FacilityBUILD, Inc., ERS, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any Agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

CONFIDENTIAL INFORMATION: FOR POSITIVE IDENTIFICATION PURPOSES ONLY

APPLICANT:

Name Typed or Printed

Social Security Number

Signature

Date of Birth

Maiden or other names

Drivers License Number

Address

State (DL#)

Today's Date

City, State, Zip

**NOTIFICATION FORM
REGARDING CONSUMER REPORT**

For employment purposes, we may obtain a consumer report and/or an investigative report about you.

The Fair Credit Reporting Act gives you specific rights. If we rely on the report for an adverse action, before taking the adverse action, we will give you a pre-adverse action disclosure that includes a copy of the report and a copy of the document entitled, "A Summary of Your rights Under the Fair Credit Reporting Act."

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you for employment purposes and authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies, military services and persons to release all information they may have about you. This authorization shall be valid in original or copy form.

Applicant's Name: _____

Social Security Number: _____

Current Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Signature: _____

Date: _____

Witness Signature: _____

PAST EMPLOYMENT INFORMATION
Please List Most Recent First
(Fill out all information completely)

Employer _____ Telephone _____ Supervisor _____

Address _____ Job Title _____

Job Duties _____

Dates Employed from _____ to _____ Hourly Salary Starting _____ Final _____

Reason for Leaving _____

What did you LIKE about this job _____

What did you NOT like about this job _____

Employer _____ Telephone _____ Supervisor _____

Address _____ Job Title _____

Job Duties _____

Dates Employed from _____ to _____ Hourly Salary Starting _____ Final _____

Reason for Leaving _____

What did you LIKE about this job _____

What did you NOT like about this job _____

Employer _____ Telephone _____ Supervisor _____

Address _____ Job Title _____

Job Duties _____

Dates Employed from _____ to _____ Hourly Salary Starting _____ Final _____

Reason for Leaving _____

What did you LIKE about this job _____

What did you NOT like about this job _____

EDUCATION INFORMATION

Elementary

High

College

SCHOOL NAME _____

YEARS

COMPLETED (circle) 1 2 3 4 5 6 7 8

9 10 11 12

1 2 3 4 5 6

I CAN SPEAK, READ AND WRITE: ENGLISH SPANISH OTHER _____

EDUCATION REFERENCES

Please list below all colleges, universities, trade schools, and industry specific courses. Attach copies of all degrees and certificates.

NAME

ADDRESS

TELEPHONE

APPLICANT'S STATEMENT: I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. In the event of employment, it is understood my employer maintains employment at will and that I may be discharged at any time without cause. I understand that false or misleading information given in my application or interview may result in discharge. I understand also, that I am required to abide by all Company policies and procedure.

I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application for employment, employment and/or cessation of employment with FacilityBUILD, Inc. exclusively by final and binding arbitration before a neutral Arbitrator.

I have read the entire 6 pages of this application and I fully understand the conditions of the words involved.

Signature _____ Date _____

FOR OFFICE USE ONLY

EMPLOYEE # _____

STARTING PAY _____

DATE OF HIRE _____

DATE OF TERMINATION _____

BIRTH DATE _____

SEX M F