

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and / or interview process should notify a representative of the Human Resources Department.

Work Location: Circle A Janitorial Services, LLC Date of Application: _____

Position (s) applied for: _____ Date Available for Work: _____

Name: _____ Social Security #: _____
 LAST FIRST MIDDLE

Address: _____
 STREET CITY STATE ZIP CODE

Telephone #: () _____ Mobile/ Beeper/Other Phone #: () _____ e-mail address: _____

Driver's license number & Expiration date: _____ State _____ Restrictions _____

Emergency Contact: Name _____ Relationship _____ Telephone No. _____

If you are under the age of 18, and it is required, can you furnish a work permit? Yes No

I am certifying that I am able to perform the essential function of the job, for which I applying, with or without reasonable accommodation, as described to me during the application process and through any printed material made available to me. Yes No

Have you ever been employed here before? If yes, give dates and positions. _____

Are you legally eligible for employment in this country? _____

Type of employment desired. Full time Part Time Temporary Seasonal Education Co-Op

Are you able to meet the attendance requirements of the position..... Yes No

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date (s) and details. _____

ANSWERING YES TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT, FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Employment History

Provide the following information of your past two (2) employers, starting with the most recent.

From	To	Employer	Telephone Number ()
Starting Salary and Job Title		Address	
Immediate Supervisor		Summarize the nature of the work performed and job responsibilities.	
Reason for Leaving			

From	To	Employer	Telephone Number ()
Starting Salary and Job Title		Address	
Immediate Supervisor		Summarize the nature of the work performed and job responsibilities.	
Reason for Leaving?			

Skills and Qualifications

Summarize any training, skills, license and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying.

Education Background (if job related).

Name and Location	Number of year Completed	Did you graduate?	Course of Study
HIGH SCHOOL			
COLLEGE		Major Degree	
OTHER			

Business References

Name	Telephone Number	Number of Years Known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I understand that consideration for employment is conditioned upon the results of a reference check, and that Circle A Janitorial Services, LLC is authorized to investigate all statements by the applicant upon the application and to contact former employers and references.

I understand that a drug test may be required after an offer of employment has been made as a condition of employment.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect will be sufficient to cause (1) cancel further consideration of this application or (2) immediate discharge from the employer service, whenever it is discovered.

I understand that this application will remain current for only 60 days.

I understand that I am an "at will" employee, that either I or the employer can terminate my employment for any reason, with or without notice or cause.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form.

I understand that if hired, I will become an employee of Circle A Janitorial Services, LLC and additional information is contained in your employee handbook. Circle A Janitorial Services, LLC's physical address is 8229 Valencia Avenue, Unit G, Lubbock, TX 79424, and mailing address is 5815 82nd Street, Ste. 145, Box 122, Lubbock, TX 79424. Circle A can be reached by telephone at 1-806-797-6977, or fax at 1-806-797-3437.

This agreement supersedes any and all agreements, written or oral regarding your employment. Your employment will be governed by the laws of Texas.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENTS.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL OF THE FOREGOING APPLICANT STATEMENTS.

Signature of Applicant _____ **Date** ____ / ____ / ____ .

AUTHORIZATION FOR CONSENT FOR RELEASE OF INFORMATION

(PLEASE READ CAREFULLY)

I hereby authorize my employer and any of its agents / designated company personnel, to disclose orally and in writing, the results of this verification process and to interview to the designated authorized representative of this company.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, personal references, and other organizations and agencies to provide my employer with all information that may be requested, and to conduct a verification, as deemed necessary by this company to fulfill the job requirements, with regards to my past work history, motor vehicle records, credit history, workers' compensation insurance claims as allowed by FCRA, EEOC and ECOA, and to receive any criminal history record information pertaining to which may be in the files of any Federal, State or Local criminal justice agency in Texas or any other states. 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. All results will be proprietary and will be kept CONFIDENTIAL and disclosed orally and in writing only to the designated authorized representative of the company and its clients.

I do hereby agree to forever release, and indemnify my employer and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expense, or any other charge of complaint with any agency arising from the retrieving and reporting of information.

Name

Signature:

DOB

Social Security Number:

Maiden Name

Address:

FOR OFFICE USE ONLY

SEARCH REQUESTED:

CRIMINAL
List Counties

CIVIL
List Counties

SOCIAL SECURITY TRACE:

CREDIT:

EMPLOYMENT:

MVR:

OTHER: