

EMPLOYMENT INTEREST AND SKILLS

Work Schedule Desired:  Full Time  Part Time Date Available for Work \_\_\_\_\_ Salary Expected \_\_\_\_\_

Are you fluent in a language other than English?  Yes  No if yes, which \_\_\_\_\_

LIST ANY SPECIALIZED SKILLS \_\_\_\_\_

ADDITIONAL INFORMATION FOR PLACEMENT CONSIDERATION \_\_\_\_\_

REFERENCES

Please give the names of three persons that you are not related to, and whom you have not been employed by, who have known you for two years or more and whom we may contact.

1.	_____ ( ) _____
	Name Phone No.
	Address Years Known
2.	_____ ( ) _____
	Name Phone No.
	Address Years Known
3.	_____ ( ) _____
	Name Phone No.
	Address Years Known

READ CAREFULLY

I declare that all statements and answers in this application are true and complete and agree that any untruth, misleading answer, omission, concealment or failure to answer any question fully, completely and accurately will be grounds for terminating my employment irrespective of when it is discovered.

I authorize MBS or an agent of MBS to investigate my references, to review my former employment record and to keep and preserve records of such investigations. Additionally, I release all parties from all liability for any damage that may result from furnishing information to MBS.

If employed, I agree that upon termination of my employment I will return all company property and records in my possession.

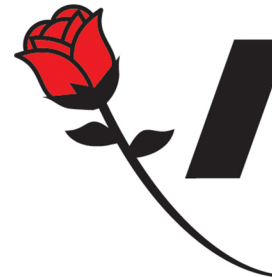
If employed, I agree to read and comply with all company rules, regulations and policies.

I understand that if employed, my employment and compensation can be terminated with or without cause or notice, at any time, at the will of either the Company or myself. I also understand that no manager or representative of this company has any authority to enter into agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

MBS prohibits the use, sale or possession of illegal drugs and alcohol in the workplace, when operating company vehicles or when conducting company business. All associates are required to be free from the influence of illegal drugs and alcohol in order to assure the safety of operations, associates, and the communities in which the company operates.

To insure the safety of all of our associates and customers, you as an applicant will be asked to submit to a pre-employment drug screen upon consideration for employment.

Applicant Signature _____	Date Signed _____
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# MBS

**MILLENNIUM BUILDING SERVICES, INC.**  
5909 N. CUTTER CIRCLE • PORTLAND, OR • 97217-3940  
OFFICE: 503.281.1949 • FAX: 503.287.2025

## APPLICATION FOR EMPLOYMENT

Drug Test \_\_\_\_\_

Background \_\_\_\_\_

Driving Record \_\_\_\_\_

Millennium Building Services is an Affirmative Action / Equal Opportunity Employer and adheres to the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1992 which Prohibits Discrimination in Employment because of Race, Color, Religion, Sex, Age, National Origin or Disability.

NAME \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_ POSITION \_\_\_\_\_ DEPT. # \_\_\_\_\_ DATE \_\_\_\_\_

Date	1. Position(s) Applying For:	Years experience in this work
	2.	
	3.	

How Did You Learn About Us?

- Employee Referral       Employment Agency       Walk-In  
 Name:       Relative       Write-In  
 Advertisement       Friend       Other: \_\_\_\_\_

Last Name	First Name	Middle Name	Social Security Number	
Present Address (Number & Street)		(APT.#)	City	State
		Zip	How Long?	
Previous Address (if less than two years at present address)		City	State	Zip
		Age		
		<input type="checkbox"/> 18 & Older		<input type="checkbox"/> Under 18
Telephone Number	If no phone, how may we contact you?		Drivers License No.	State Issued
( )				
Pager / Cellular	Emergency Contact Person		Telephone Number	
( )			( )	

Have you ever filed an application with MBS before?  Yes  No

If yes, When? \_\_\_\_\_

Have you ever been employed at MBS before?  Yes  No

If yes, please provide the date and reason for leaving.

If yes, did you ever work under another name?  Yes  No

Are you currently employed?  Yes  No

If yes, may we contact your present employer?  Yes  No

Are you currently layed off and subject to recall?  Yes  No

When requested are you able to provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?  Yes  No

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you able to perform the essential functions of the position(s) for which you have applied?  Yes  No

SCHOOLS	NAME AND ADDRESS OF SCHOOL	Dates Attended		MAJOR STUDIES	Last Grade Completed	Graduation Date
		From	To			
HIGH SCHOOL						
COLLEGE						
TRADE OR BUSINESS SCHOOL						

Additional Education Information \_\_\_\_\_

Please complete and attach resume if available (Use an additional application if necessary to complete your employment history) Account for all time since leaving High School, or the last seven years. Include Military Service, Self Employment and any periods of Unemployment exceeding 30 days. Begin with your present or latest employer.

Employer			Describe Job Responsibilities		
Address					
Telephone ( )		Starting Salary		Ending Salary	
Job Title			Supervisor		
Employed From	To	Reason for leaving			

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Address					
Telephone ( )		Starting Salary		Ending Salary	
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PERSONAL

EMPLOYMENT HISTORY