



Application for Employment

Position(s) applying for	Years of experience

Last Name: _____

First Name: _____ Middle Initial: _____

Home Address: _____
Street Address

Apt/ Unit #

City

State

Zip

Telephone Number: (_____) _____ Type (circle one): Home Cell

Secondary Telephone Number: (_____) _____ Type (circle one): Home Cell

Have you filled out an application with MBS before? Yes No

If yes, when? _____

Have you ever been employed at MBS before? Yes No

If yes, provide dates of employment and reason for leaving:

Have you ever worked under a different name? If yes, please provide your previous name.

Please provide the languages in which you are fluent:

If employment is extended, would you be able to provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? Yes No

How did you learn about us?

<input type="checkbox"/> Employee Referral	<small>Please provide employee's name:</small> _____	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Write-in / Call-in
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other: _____

Millennium Building Services is an Equal Employment Opportunity Employer and adheres to the Civil Rights Act of 1964, The Americans with Disabilities Act of 1992, the Genetic Information Nondiscrimination Act of 2009, and any state specific nondiscrimination laws. We do not discriminate based on race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity, genetic information, or any other federally or state protected class.



Educational History:

Schools	Name and City of School	Dates Attended		Last Grade or Year Completed	Did you Graduate? Yes or No
		From	To		
High School					
College					
Graduate School					
Trade School					
Post --- Graduate Studies					

Please provide any specialized skills or training you have received: _____

Employment History:

Please complete fields below for your work history going back seven (7) years. Include military service and periods of unemployment exceeding 30 days. Begin with your most recent employer.

Employer		Describe Job Duties & Responsibilities		
Address				
Telephone				
Job Title		Supervisor(s)		
Employed From	To	Reason for Leaving		
Are you currently employed with this company?	(Yes or No)	May We Contact This Employer?	Are you currently laid off and subject to recall?	(Yes or No)

Employer		Describe Job Duties & Responsibilities		
Address				
Telephone				

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Job Title		Supervisor(s)		
Employed From	To	Reason for Leaving		
Are you currently employed with this company?	(Yes or No)	May We Contact This Employer?	Are you currently laid off and subject to recall?	(Yes or No)

Employer		Describe Job Duties & Responsibilities		
Address				
Telephone				
Job Title		Supervisor(s)		
Employed From	To	Reason for Leaving		
Are you currently employed with this company?	(Yes or No)	May We Contact This Employer?	Are you currently laid off and subject to recall?	(Yes or No)

Work Availability:

Work Schedule Availability: Please check each box when you are available to work. Restricted times may have an impact on work shifts available to you.

	Days	Nights
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Are you looking for Full-Time employment or Part-Time employment? Full-Time Part-Time

When would you be available to start work? _____

What is your desired pay rate? _____ per Hour Month Annual

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Please provide any additional information that we should take into consideration (civic memberships, volunteer experience, professional associations, offices held, etc.). Please do not disclose details that would divulge protected status or protected beliefs.

Affirmation

- 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 may be grounds for terminating my employment irrespective of when it is discovered.
- If employed, I agree that upon termination I shall return all company property and records in my possession.
- If employed, I agree to read and comply with all company rules, regulations, and policies.
- MBS prohibits the use, sale, or possession of illegal drugs in the workplace, when operating company vehicles, or when conducting company business. All associated 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 our associates and customers, you as an applicant may be asked to submit to a pre-employment drug screen upon consideration for employment.

Candidate Printed Name

Date

Candidate Signature

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