UNITED BUILDING SERVICES, INC.

Corporate Division
200 Little Falls Street, Suite 400
Falls Church, Virginia 22046
(703) 485-4646
(703) 485-4647 FAX

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME		SOCIAL SECURITY NUMBER
STREET ADDRESS AND APT. NUMBER (HOW LONG AT THIS ADDRESS?)		HOME TELEPHONE NUMBER
CITY, STATE AND ZIP CODE		CELL PHONE NUMBER
U.S. CITIZEN (CHECK ONE) YES NO	IF NOT A U.S. CITIZEN, ARE YOU LEGALLY ELIGIBLE FOR U.S. EMPLOYMENT? (CHECK ONE) YES NO	EMAIL ADDRESS
DATE OF BIRTH	[redacted]	

EDUCATION

	NAME AND LOCATION	YEARS COMPLETED	YEAR GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL				
OTHER EDUCATION				

EMPLOYMENT HISTORY

EMPLOYER	START DATE (MONTH/YEAR)	END DATE (MONTH/YEAR)
STREET ADDRESS	JOB TITLE	
CITY, STATE AND ZIP CODE	DUTIES	
SUPERVISOR	WAGE	
TELEPHONE NUMBER	REASON FOR LEAVING	
EMPLOYER	START DATE (MONTH/YEAR)	END DATE (MONTH/YEAR)
STREET ADDRESS	JOB TITLE	
CITY, STATE AND ZIP CODE	DUTIES	
SUPERVISOR	WAGE	
TELEPHONE NUMBER	REASON FOR LEAVING	
EMPLOYER	START DATE (MONTH/YEAR)	END DATE (MONTH/YEAR)
STREET ADDRESS	JOB TITLE	
CITY, STATE AND ZIP CODE	DUTIES	
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TELEPHONE NUMBER	REASON FOR LEAVING	
EMPLOYER	START DATE (MONTH/YEAR)	END DATE (MONTH/YEAR)
STREET ADDRESS	JOB TITLE	
CITY, STATE AND ZIP CODE	DUTIES	
SUPERVISOR	WAGE	
TELEPHONE NUMBER	REASON FOR LEAVING	

AVAILABILITY

POSITION APPLYING FOR	DATE AVAILABLE	WAGE REQUESTING

WORK DESIRED (CHECK ALL THAT APPLY)	DAY	NIGHT	FULL-TIME	PART-TIME	WEEKEND	ON-CALL

(WRITE IN HOURS AVAILABLE FOR WORK)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM							
TO							

GENERAL INFORMATION

Have you ever been found guilty of any crime or are you now being charged with the commission of any crime? (Check One) Yes No
If yes, give the date, offense, city and court action for each offense:

Do any medical, physical or other conditions hinder your ability to perform your job functions? (Check One) Yes No
If yes, explain:

Have you received compensation for injuries? (Check One) Yes No
If yes, explain:

Do you own and operate a vehicle? (Check One) Yes No
What is your driver's license number?
Issuing State

Do you have any relatives working for this company? (Check One) Yes No
If yes, who are they?

How did you find out about United Building Services, Inc.?

What language (s) do you speak?

What special skills / training do you have?

State additional information helpful to us in considering your application:

EMERGENCY CONTACT

NAME	HOME – TELEPHONE NUMBER
STREET ADDRESS AND APT. NUMBER	WORK – TELEPHONE NUMBER
CITY, STATE AND ZIP CODE	CELL PHONE - TELEPHONE NUMBER

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The law of most states also prohibits some or all of the above types of discrimination as well as some types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANYTIME , FOR ANY REASON, OR FOR NO REASON AT ALL, WITHOUT ANY PREVIOUS NOTICE, REGARDLESS OF THE PAYMENT DATE OF MY COMPENSATION.

DATE _____ SIGNATURE_____