

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		WORK TELEPHONE NUMBER ()	
U.S. CITIZEN (CIRCLE)	YES NO	IF NOT A U.S. CITIZEN, ARE YOU LEGALLY ELIGIBLE FOR U.S. EMPLOYMENT? (CIRCLE)	YES NO
DATE OF BIRTH		MARITAL STATUS (CIRCLE)	MARRIED SINGLE
		SEX (CIRCLE)	MALE FEMALE
		PAGER TELEPHONE NUMBER ()	

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	
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	

AVAILABILITY						
POSITION APPLYING FOR		DATE AVAILABLE		WAGE REQUESTING		
WORK DESIRED (CIRCLE ALL THAT APPLY)	DAY	NIGHT	FULL-TIME	PART-TIME	WEEKEND	ON-CALL
(WRITE IN HOURS AVAILABLE FOR WORK)						
MONDAYTUESDAY		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? (Circle) 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? (Circle) Yes No If yes, explain:	
Have you received compensation for injuries? (Circle) Yes No If yes, explain:	
Do you own and operate a vehicle? (Circle) Yes No What is your driver's license number? Issuing State	
Do you have any relatives working for this company? (Circle) 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	PAGER - 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 _____