

FACILITY CONCEPTS, INC.

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 CONTACT THE HUMAN RESOURCES DEPARTMENT.

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		DATE OF APPLICATION	
PRESENT ADDRESS		CITY	STATE
PHONE NO.		ALTERNATE PHONE NO.	REFERRAL SOURCE
POSITION DESIRED	FULL-TIME OR PART-TIME	IF HIRED, DESIRED START DATE	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN EMPLOYED WITH FCI? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN & WHAT POSITION?	
IF YOU ARE UNDER 18 YEARS OF AGE AND IT IS REQUIRED, CAN YOU FURNISH A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO PLEASE EXPLAIN _____			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES PLEASE PROVIDE DATES AND EXPLANATION _____			

EMPLOYMENT HISTORY

(STARTING WITH YOUR MOST RECENT EMPLOYER, PROVIDE THE FOLLOWING INFORMATION.)

DATE	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS COMPLETED	SUBJECT STUDIED
HIGH SCHOOL		
TRADE, BUSINESS & CORRESPONDENCE SCHOOL		
COLLEGE		
SIMINARS/OTHERS		

LIST ANY SPECIAL TRAINING, SKILLS, CERTIFICATES, LICENSES THAT MAY ASSIST YOU IN PERFORMING THE POSITION FOR WHICH YOU ARE APPLYING. _____

REFERENCES

(PROVIDE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE WORKED FOR/WITH IN THE PAST.)

NAME	TELEPHONE NO./ADDRESS	BUSINESS	YEARS KNOWN

APPLICANT STATEMENT

I certify that all information provided on this application is complete & accurate. I authorize any representative of Facility Concepts, Inc. to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions in order to verify accuracy of information provided by me in this application.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor of the employer is authorized to make any assurances to the contrary.

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 in this regard.

I understand that any information provided by me that is found incomplete or misrepresented in any respect, will be sufficient cause to (a.) eliminate me from further consideration for employment, or (b.) may result in my immediate discharge from the employer's service, whenever it is discovered.

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

I certify that I have read, completely understand and accept all terms of the Applicant Statement.

Applicant Signature/Date