Industrial Ground Maintenance Inc.
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APPLICATION FOR EMPLOYMENT

PERSONAL

NAME:_____ _____
FIRST MIDDLE LAST DATE OF BIRTH (MM/DD/YY)

_____
STREET ADDRESS CITY STATE ZIP CODE

_____ _____ _____
PHONE NUMBER DRIVER'S LICENSE NO. SOCIAL SECURITY NO.

LANGUAGES KNOWN OTHER THAN ENGLISH:_____ ☐ SPEAK ☐ READ ☐ WRITE

EDUCATION

_____
HIGH SCHOOL ATTENDED YEARS ATTENDED/GRADUATED

_____
TRADE SCHOOL/BUSINESS SCHOOL/COLLEGE ATTENDED YEARS ATTENDED/GRADUATED

EMPLOYMENT

POSITION DESIRED	SALARY DESIRED	DATE YOU CAN START WORK
CURRENT EMPLOYER, IF ANY	CURRENT POSITION	MAY WE CONTACT THEM?
PREVIOUS EMPLOYER, IF ANY	START DATE - END DATE	REASON FOR LEAVING?
PREVIOUS EMPLOYER, IF ANY	START DATE - END DATE	REASON FOR LEAVING?
PREVIOUS EMPLOYER, IF ANY	START DATE - END DATE	REASON FOR LEAVING?
CURRENT OR FORMER MILITARY SERVICE, IF ANY	START DATE - END DATE	ENDING RANK

OTHER

DO YOU HAVE A VALID **TWIC**? _____ EXPIRATION DATE:_____ *IF NOT*, WILL YOU GET ONE?_____

DO YOU HAVE CURRENT H.A.S.C. **SAFETY ESSENTIALS** TRAINING? _____ EXPIRATION DATE:_____

ARE YOU A U.S. CITIZEN? _____ *IF NOT*, ARE YOU AUTHORIZED TO WORK IN THE U.S.?_____

DO YOU HAVE RELIABLE TRANSPORTATION TO WORK? _____ DO YOU HAVE A VALID DRIVER'S LICENSE? _____

DO YOU SMOKE/VAPE OR USE TOBACCO PRODUCTS? _____ DO YOU HAVE ALLERGIES/ASTHMA? _____

DO YOU HAVE ANY HEALTH DEFECTS THAT PREVENT YOU FROM PERFORMING WORK IN HIGH TEMPERATURE/HUMID CONDITIONS (HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, DIABETES)? _____ *IF YES*, GIVE DETAILS:_____

_____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES THAT PREVENT YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED (BACK, LEGS, NECK, HEAD, ETC.)? _____ *IF YES*, GIVE DETAILS:_____

_____

DO YOU HAVE ANY DEFECTS IN ANY OF THE FOLLOWING? HEARING _____ VISION_____ SPEECH _____

IF YES, GIVE DETAILS:_____

PERSONAL REFERENCES

NAME:_____ PHONE NUMBER:_____

RELATIONSHIP: ☐ CO-WORKER ☐ FRIEND ☐ RELATIVE ☐ OTHER:_____

NAME:_____ PHONE NUMBER:_____

RELATIONSHIP: ☐ CO-WORKER ☐ FRIEND ☐ RELATIVE ☐ OTHER:_____

NAME:_____ PHONE NUMBER:_____

RELATIONSHIP: ☐ CO-WORKER ☐ FRIEND ☐ RELATIVE ☐ OTHER:_____

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

DATE: _____SIGNATURE_____

DO NOT WRITE BELOW THIS LINE

DATE: _____INTERVIEWED BY: _____

REMARKS:

_____

_____

_____

INDUSTRIAL GROUND MAINTENANCE, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

Email applications to info@industrialgroundmaintenance.com or Fax applications to (281) 487-7452