

## Building Maintenance Management, Inc.

1724 Douglas Dr. N., Golden Valley, MN 55422 Office: 763-541-4886 Fax: 763-541-7463

## **Employment Application**

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date	-	
First name	Last name	Middle name
Street Address		
City	State	ZIP
Telephone		
-	or otherwise authorized to ovide documentation.)	o work in the U.S. on an unrestricted basis? (You Yes ☐ No
Have you ever been co □ Yes □ No	onvicted of a felony?	
If yes, please describe	conditions.	
<b>Employment Desired</b>	l	
Position applied for		
How did you hear of the	his opening?	
Have you ever applied	I for employment here? $\Box$	Yes □ No

When?			
Where?			
Have you ever been employed by this company? ☐ Yes ☐ No			
When?			
Where?			
Are you presently employed? ☐ Yes ☐ No			
May we contact your present employer? ☐ Yes ☐ No			
Are you available for full-time work? ☐ Yes ☐ No			
Are you available for part-time work? ☐ Yes ☐ No			
Are you willing to travel? ☐ Yes ☐ No If yes, what percent? _			
Date you can start			
Desired position			
Desired starting salary			
Please list applicable skills & professional			
licenses			
Education			
School Name and Location	Year	Major	Degree
High School			
College			
College			
Post-College			
Other Training			
In addition to your work history, are there are other skills, qualifi		or experien	ce that we
should consider?	,	· · ·	

## **Employment History** (Start with most recent employer)

Company Name			
		Telephone	
Date Started	Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor			
May we contact? $\Box$	Yes □ No		
Responsibilities			
Reason for leaving _			
Company Name			
Address		Telephone	
Date Started	Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor			
May we contact? $\Box$	Yes □ No		
Responsibilities			
Reason for leaving _			
Company Name			
		Telephone	
Date Started	Starting Wage	Starting Position	
Date Ended	Ending Wage	Ending Position	
Name of Supervisor			
May we contact? $\Box$	Yes 🗖 No		
Responsibilities			

Company Name		
Address		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor		
May we contact? $\Box$	Yes □ No	
Responsibilities		
Reason for leaving _		
Company Name		
Address		Telephone
Date Started	Starting Wage	Starting Position
Date Ended	Ending Wage	Ending Position
Name of Supervisor		
May we contact? $\Box$	Yes 🗖 No	
Responsibilities		
References		
List three personal re	eferences, not related to you, who	o have known you for more than one year.
Name	Phone	Years Known
Address		
Name	Phone	Years Known
Address		
Name	Phone	Years Known_
Address		
<b>Emergency Contact</b>	i	
In case of emergency	y, please notify:	
Name		Phone
Address		

Name	_ Phone
Address	
Please Read Before Signing:	
· ·	ed by me on this application is true and complete to the best ithheld nothing that, if disclosed, would alter the integrity of
information regarding employment previous employers will not be held withdrawn, or employment is termi made by myself on this application	or educational record. I agree that this company and my d liable in any respect if a job offer is not extended, or is nated because of false statements, omissions, or answers. In the event of any employment with this company, I will as as set by the company in any communication distributed to
required to provide approved docur	n Reform and Control Act of 1986, I understand that I am mentation to the company that verifies my right to work in the aployment. I have received from the company a list of the red.
company can terminate the employ	is company is "at will," which means that either I or this ment relationship at any time, with or without prior notice, y statute. All employment is continued on that basis. I hereby inderstand the above statements.

Signature \_\_\_\_\_ Date\_\_\_\_\_