



DATE _____

APPLICATION FOR EMPLOYMENT - SERVICE EMPLOYEE

ABM-124 Rev 5/2008

NOTE

- A This application will remain active for 90 days only. If you wish to be considered for employment thereafter, you must submit another Employment Application.
- B Applicants receive consideration for employment without regard to race, color, ancestry, religion, gender, age, national origin, sexual orientation, disability, veteran status, marital status, or any other protected status under federal, state or local law. ABM Janitorial is an Affirmative Action employer.
- C Statements made in this application will be relied upon in making the hiring decision.
- D Any promises regarding the terms of employment and / or promotional opportunities, whether express or implied, are null and void unless made in writing and signed by an officer of the Company.
- E ABM Janitorial is committed to a safe, healthy work environment. **Applicants and employees may be required to take a drug test.**

I.D.

NAME LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
PRESENT STREET ADDRESS			HOME TELEPHONE NUMBER
CITY	STATE	ZIP CODE	ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO

POSITION DESIRED

TYPE OF WORK DESIRED _____

WAGES EXPECTED _____

GENERAL

HOW WERE YOU REFERRED TO ABM JANITORIAL? _____

DO YOU HAVE ANY RELATIVES EMPLOYED BY ABM JANITORIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE NAME _____	RELATIONSHIP _____
HAVE YOU SERVED IN THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BRANCH OF SERVICE / HIGHEST RANK RECEIVED _____	

TYPE OF TRAINING AND DUTY IN SERVICE _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME?
 YES NO

**NOTE: OMIT MINOR TRAFFIC VIOLATIONS.
A CONVICTION WILL NOT NECESSARILY BAR APPLICANTS FROM EMPLOYMENT.**

IF YES, PLEASE EXPLAIN _____

UPON AN OFFER OF EMPLOYMENT, CAN YOU, AS REQUIRED BY LAW, PROVIDE THE APPROPRIATE ORIGINAL DOCUMENTS SHOWING ELIGIBILITY TO WORK IN THE UNITED STATES?
 YES NO

IN WHICH FOREIGN LANGUAGES DO YOU HAVE WORKING SKILL?	SPEAK _____	READ _____	WRITE _____
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FOR ADMINISTRATIVE PERSONNEL ONLY

LIST SPECIAL SKILLS, QUALIFICATIONS OR LICENSES _____

TYPING SPEED _____	PC SOFTWARE (e.g. WORDPERFECT, EXCEL, DOS) _____
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FOR SALES PERSONNEL ONLY

WHAT PRODUCTS OR SERVICES HAVE YOU SOLD? _____

DRIVER'S LICENSE NUMBER (IF DRIVING REQUIRED) _____	STATE _____
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CHECK THE TYPES OF CUSTOMERS TO WHOM YOU HAVE SOLD

<input type="checkbox"/> WHOLESALEERS	<input type="checkbox"/> MANUFACTURERS	<input type="checkbox"/> COMMERCIAL BLDG. OWN/MGR.
<input type="checkbox"/> RETAILERS	<input type="checkbox"/> HOUSE HOLDERS	<input type="checkbox"/> OTHER

CHECK THE TYPES OF CUSTOMERS YOU WOULD PREFER TO SELL

<input type="checkbox"/> WHOLESALEERS	<input type="checkbox"/> RETAILERS	<input type="checkbox"/> MANUFACTURERS
<input type="checkbox"/> COMMERCIAL BUILDING OWNERS / MANAGERS		

EMPLOYMENT HISTORY

Starting with present employer (or most recent) list all experience and account for all time during the last 5 years, including periods of unemployment and U. S. Military Service.

DATES - MO/YR LAST 5 YRS ONLY		EMPLOYER	JOB TITLE AND DUTIES	RATE OF PAY
FROM	NAME			START
	STREET ADDRESS			END
TO	CITY, STATE, ZIP CODE			OTHER COMPENSATIONS
	COMPANY TELEPHONE NUMBER ()		SUPERVISOR	
	MAY WE CONTACT YOUR PRESENT / PAST EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE PROVIDE APPROVAL SIGNATURE	

REASON FOR LEAVING

FROM	NAME			START
	STREET ADDRESS			END
TO	CITY, STATE, ZIP CODE			OTHER COMPENSATIONS
	COMPANY TELEPHONE NUMBER ()		SUPERVISOR	

REASON FOR LEAVING

FROM	NAME			START
	STREET ADDRESS			END
TO	CITY, STATE, ZIP CODE			OTHER COMPENSATIONS
	COMPANY TELEPHONE NUMBER ()		SUPERVISOR	

REASON FOR LEAVING

FROM	NAME			START
	STREET ADDRESS			END
TO	CITY, STATE, ZIP CODE			OTHER COMPENSATIONS
	COMPANY TELEPHONE NUMBER ()		SUPERVISOR	

REASON FOR LEAVING

FROM	NAME			START
	STREET ADDRESS			END
TO	CITY, STATE, ZIP CODE			OTHER COMPENSATIONS
	COMPANY TELEPHONE NUMBER ()		SUPERVISOR	

REASON FOR LEAVING

EDUCATION

NAME OF SCHOOL	LOCATION	GRADUATED? LAST GRADE COMPLETED	SPECIAL COURSES MAJOR / GRADE POINT AVERAGE
HIGH SCHOOL			
COLLEGE / UNIVERSITY		DEGREE	
COLLEGE / UNIVERSITY		DEGREE	
GRADUATE OR BUSINESS		DEGREE	
ARE YOU CERTIFIED IN CPR? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRATION DATE	ARE YOU CERTIFIED IN FIRST AID? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRATION DATE
IS THERE ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OF ASSUMED NAME, OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR WORK HISTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN	

ALL APPLICANTS READ AND COMPLETE THIS SECTION

I certify that the information contained in this employment application is complete, correct and accurate to the best of my knowledge and I understand that any falsifications or omissions may result in denial of employment or dismissal. I authorize ABM Janitorial to act as my agent in securing information about me from any person or company without liability to such person or company or to ABM Janitorial. If an employment relationship is established, I understand that I will be an employee-at-will and that my employment and compensation can be terminated with or without cause and with or without notice, at any time by either myself or ABM Janitorial. No modifications of these statements shall be valid unless in writing signed by me and the Company President. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of ABM Janitorial.

APPLICANT SIGNATURE	DATE
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NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER
POSITION:	DATE:

ABM Janitorial is required by state and federal laws & regulations to furnish statistical data and maintain records of certain population characteristics of those who apply for jobs with us.

To enable us to meet these requirements and to better evaluate our progress toward our Affirmative Action Goals, we request your voluntary cooperation in completing this form. Information gathered on this form will be used for statistical purposes only. It will not appear on your Applicant File. If you are employed by ABM Janitorial it will not appear in your Employee File or be used as Employee Criteria.

MALE FEMALE VETERAN YES NO

RACE / ETHNIC CATEGORY (PLEASE CHECK ONLY ONE)

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- American Indian or Alaska Native (not Hispanic or Latino):** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian (not Hispanic or Latino):** A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American (not Hispanic or Latino):** A person having origins in any of the Black racial groups or Africa.
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (not Hispanic or Latino):** All person who identify with more than one of the above five races.

