



Services Group, LLC.

THE NEXT GENERATION IN FACILITIES EXPERTISE

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Northport, NY 11768
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APPLICATION FOR EMPLOYMENT

It is our policy 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 handicap, or veteran status.

Personal Information:

Name: _____
Last First Middle Maiden Date

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home () _____ Cell () _____

Position applied for _____

How did you hear of this opening _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. citizen? [] Yes [] No

If not, are you authorized to work in the U.S. on an unrestricted basis? [] Yes [] No

Employment Desired [] FULL-TIME ONLY [] PART-TIME ONLY [] FULL OR PART-TIME

Are you able to work overnights? _____

Have you ever been convicted of a crime? [] Yes [] No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____

Have you supervised employees? [] Yes [] No How many? _____ and length of time? _____

Do you have a valid Drivers License? [] Yes [] No

Have you had any accidents during the past three years? [] Yes [] No How many? _____

Have you had any moving violations during the past three years? [] Yes [] No How many? _____

Education:

Type of School	Name of School	Location	Dates Attended	Major & Degree

Employment History: Please list your work experience for the past five years.

Name of Employer: Address: City, State, Zip Phone :	Name of Last Supervisor	Employment Dates From: To:	Pay or Salary Start: Ending:
Your last job title:			
Reason for Leaving (be specific):			
May we contact? [] Yes [] No			
List the positions you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			

Name of Employer: Address: City, State, Zip Phone :	Name of Last Supervisor	Employment Dates From: To:	Pay or Salary Start: Ending:
Your last job title:			
Reason for Leaving (be specific):			
May we contact? [] Yes [] No			
List the positions you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____			

In addition to your work history, are there are other skills, qualifications, or computer experience we should consider? Also include any floor equipment you know how to operate.

References:

Name/Position	Company	Address	Telephone

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis.

Signature _____

Date _____