

PERSONAL INFORMATION

NAME: (Please Print)

 Last First Middle SOCIAL SECURITY NUMBER

ANY OTHER NAME USED FOR WORK OR SCHOOL? PLEASE NOTE: _____
 (Maiden Name) DRIVER'S LICENSE# STATE

PRESENT ADDRESS:

 HOME PHONE NUMBER

 Street Apt. # (if applicable) CELL PHONE NUMBER

 City State Zip WORK PHONE NUMBER

LIST ALL CITIES RESIDED, EMPLOYED, AND/OR ATTENDED SCHOOL FOR THE LAST SEVEN YEARS:

IN CASE OF AN EMERGENCY, PLEASE NOTIFY: _____
 Name Relationship Telephone Number

ARE YOU UNDER AGE 18? ----- Yes No

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? ----- Yes No
 (Proof of citizenship or immigration status will be required prior to employment.)

DO YOU ENGAGE IN THE USE OF ILLEGAL DRUGS? ----- Yes No
 (For example: marijuana, cocaine, heroin, crack, speed, LSD, etc.)

ARE YOU WILLING TO BE TESTED FOR USE OF ILLEGAL DRUGS? ----- Yes No

HAVE YOU BEEN EMPLOYED BY US BEFORE? ----- Yes No

If yes, reason for leaving: _____

DO YOU HAVE ANY RELATIVES CURRENTLY IN OUR EMPLOY? ----- Yes No

If yes, name of relative: _____

HAVE YOU EVER BEEN CONVICTED, PLED GUILTY, RECEIVED DEFERRED ADJUDICATION OR HAD A CONVICTION SET ASIDE IN A MATTER OTHER THAN A MINOR TRAFFIC OFFENSE, INCLUDING FELONIES AND/OR MISDEMEANORS?

Yes No

Explain all occurrences in detail below. A conviction will not necessarily result in denial of employment.

JOB PREFERENCES

POSITION APPLYING FOR: _____ LOCATION PREFERRED: _____

SALARY DESIRED: _____ TYPE OF EMPLOYMENT DESIRED: Full Time Part Time Summer Temporary

DATE AVAILABLE TO WORK: _____ ARE YOU AVAILABLE FOR ON-CALL WORK? Yes No

This employer requires drug testing and background checks prior to employment. This company is an equal opportunity employer and does not discriminate in its employment on the basis of race, color, sex, religion, national origin, age or disability or on the basis of any other classification protected by federal, state or local statute, regulation or ordinance.

JOB SKILLS

OFFICE SKILLS (Please check all that apply)

Typing _____ wpm

Phone System/ Type _____

Ten Key Calculator

Computer

LIST ALL COMPUTER SOFTWARE USED: _____

OTHER SKILLS OR TRADES PRACTICED WHICH ARE APPLICABLE TO JOB APPLIED FOR: _____

LIST ANY PROFESSIONAL OR VOCATIONAL LICENSES OR CERTIFICATIONS THAT RELATE TO JOB APPLIED FOR: _____

FOR MAINTENANCE APPLICANTS, ARE YOU HVAC CERTIFIED?

Yes

No

MILITARY EXPERIENCE

HAVE YOU BEEN IN THE UNITED STATES MILITARY SERVICE? Yes No

Branch: _____ Rank: _____ Dates of Service: _____

HONORABLE DISCHARGE? Yes No

If no, provide details: _____

EDUCATION

	School Name	Location (city, state)	Did you Graduate?	Degree/Major
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Graduate School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trade, Business or Vocational School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

DO YOU PLAN FUTURE EDUCATION? Yes No

If yes, please specify: _____

REFERENCES

LIST THREE REFERENCES, OTHER THAN RELATIVES:

	Name	Occupation	Address	Telephone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

REFERRED THROUGH: Employee Internet Job Source Employment Agency Walk In Milestone Website

Specify the employee name or source of referral (Craigslist, Indeed, other): _____

EMPLOYMENT RECORD

Please complete the following information for the past seven (7) years of employment, even if you have provided a resume. Begin with your present and most recent employer and **do not leave any gap in time.** Give exact reasons for leaving each position.

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES? Yes No

Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

Street City State

Description of Duties: _____

Beg. Salary: _____ Ending Salary: _____ Name and Title of Supervisor: _____

Dates of Employment: From _____ To _____ Reason for Leaving: _____

Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

Street City State

Description of Duties: _____

Beg. Salary: _____ Ending Salary: _____ Name and Title of Supervisor: _____

Dates of Employment: From _____ To _____ Reason for Leaving: _____

Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

Street City State

Description of Duties: _____

Beg. Salary: _____ Ending Salary: _____ Name and Title of Supervisor: _____

Dates of Employment: From _____ To _____ Reason for Leaving: _____

Employer: _____ Job Title: _____

Address: _____ Phone Number: _____

Street City State

Description of Duties: _____

Beg. Salary: _____ Ending Salary: _____ Name and Title of Supervisor: _____

Dates of Employment: From _____ To _____ Reason for Leaving: _____

Details explaining employment gaps:

CERTIFICATION OF EMPLOYMENT APPLICATION

I understand that Milestone Management (the "Company") employer requires a pre-employment urine drug screen and background check. Failure to consent to the urine drug screen and background check will be considered withdrawal of my application for employment. I also understand that if my drug screen results are positive and/or my background check is not deemed acceptable by this employer, I will be ineligible for employment.

My employment shall be in accordance with the terms of (a) this application, (b) Company rules and regulations and any amendments thereto, and (c) any applicable labor agreements. The Company shall have the right to amend, modify, or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.

I understand that my employment is not for a specific term and can be terminated by me or by the Company at any time for any reason, with or without cause, its only obligation being to pay wages or salary earned by me up to the time of my termination. Without limitation, failure to abide by Company rules and regulations or the falsification or omission of any information given by me in this application will entitle the Company to terminate my employment. No representation concerning my employment with the Company has been made to me. I understand that the terms of my employment may not be changed by oral or written representation unless an officer of the Company executes such in writing.

I agree that employment will be contingent upon the Company's determination that I meet all of the position's requirements.

The Company shall have the right at any time after termination of employment to furnish to others information concerning my employment record with the Company, including the information contained in this application.

I agree to not disclose or make use of any of the Company's trade secrets, proprietary information, and confidential or restricted information to anyone outside the Company without specific authorization from the Company during the term of my employment. I agree to be bound by the Company rules governing Company trade secret usage and will not use Company trade secrets outside the scope of my employment. I further agree to not disclose or use the Company's trade secrets, proprietary information, and confidential or restricted information for any purpose after my employment with the Company is terminated.

I will cooperate in any Company investigation by giving true and complete answers to all questions and by complying with all other requests for assistance.

I understand that as part of Milestone's procedure for processing my employment application, information may be obtained through background interviews with former employers, friends, or others with whom I am acquainted. These inquiries may include reviews of information regarding applicant. These inquiries include information as to my employment history, character, and general reputation. By my signature below, I am authorizing Milestone to contact those persons identified to obtain this information.

By signing this application, I agree: This application is complete and accurate to the best of my knowledge and I have not made any attempt to conceal information. Any falsification of information given by me in connection with my application will be cause for denial of employment or dismissal regardless of when discovered. If I am offered and accept employment with Milestone, I agree that my employment will be terminable at will by me or by the Company, without the requirement of cause.

SIGNATURE OF APPLICANT: _____

PRINTED NAME OF APPLICANT: _____

DATE: _____