



7420 Alban Station Blvd.
Suite A103-104
Springfield, VA 22150

Application For Employment

THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967
PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH
RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS
THAN 70 YEARS OF AGE.

Personal Information

Name:			Date:		
Address: <small>LAST FIRST MIDDLE</small>			City:	State:	Zip:
Phone/Mobile Number:			Social Security Number:		
What foreign languages do you speak fluently?			Read: <input type="checkbox"/> Yes <input type="checkbox"/> No	Write: <input type="checkbox"/> Yes <input type="checkbox"/> No	
U.S. Military or Naval Service:			Rank:		
Present Member in National Guard or Reserves:					

Position

Position You Are Applying For:	Available Start Date:	Desired Pay:
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referred by:	Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

Highest Education Level Attained:	Date Graduated:
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Employment History (List below last three employers, starting with the last one first.)

Employer (1):	Job Title:	Salary:	
Work Phone:	Dates Employed:		
Address:	City	State	Zip
Reason for leaving:			
Employer (2):	Job Title:	Salary:	
Work Phone:	Dates Employed:		
Address:	City	State	Zip
Reason for leaving:			
Employer (3):	Job Title:	Salary:	
Work Phone:	Dates Employed:		
Address:	City	State	Zip
Reason for leaving:			

References (Give below the names of three persons not related to you, whom you have known at least one year.)

Name	Phone	Business	Address

Physical Record:

Are you able to perform the essential functions of the position without accommodations? Yes No

Where you ever injured? Yes No Give Details:

Have you any hearing impairments? Yes No

In case of emergency notify:

Have you any vision impairments? Yes No

Name:

Phone:

Have you any speech impairments? Yes No

Address:

Special Questions

Do not answer any of the questions in this framed area unless the employer has checked a box preceding a question thereby indicating that the information is required for a Bona Fide occupational qualification or dictated by national security laws, or is needed for other legally permissible reasons.

Height _____ Feet _____ Inches

Citizen of U.S. : Yes No

Weight _____ lbs.

Date of Birth:

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDESTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS A CAUSE FOR DISMISSAL, FURTHER, I 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 ANY TIME WITHOUT ANY PREVIOUS NOTICE.

Signature: _____

Date: _____

Background Investigation

By my signature below I, _____, authorize **Econo Building Maintenance** to obtain a Background Check and / or Consumer Credit Report on me upon request.

Signature _____

SSN: _____

Date: _____

HIRED:

DEPT:

POSITION:

WILL REPORT TO:

SALARY:

APPROVED BY: _____

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION ON THE BASIS OF AN APPLICANT'S SEX OR MINORITY STATUS. QUESTIONS DIRECTLY OR INDIRECTLY REFLECTING SUCH STATUS HAVE BEEN INCLUDED ONLY WHERE NEEDED TO DETERMINE A BONA FIDE OCCUPATIONAL QUALIFICATION OF FOR OTHER PERMISSIBLE PURPOSES, SUCH QUESTIONS ARE APPROPRIATELY NOTED ON THE APPLICATION. NOTWITHSTANDING THESE EFFORTS, THE MANUFACTURER OF THIS FORM ASSUMES NO RESPONSABILITY AND HEREBBY DISCLAIMS ANY LIABILITY FOR INCLUSION IN THIS FORM, OF ANY QUESTIONS UPON WHICH A VIOLATION OF STATE AND FEDERAL, FAIR EMPLOYMENT PRACTICE LAWS MAY BE BASED.