



Action Facilities Management, Inc. Employment Application

As an EQUAL EMPLOYMENT OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER, ACTION FACILITIES MANAGEMENT does not discriminate against applicants or employees because of age , race, color, religion, national origin, sex (except where sex is a bonafide occupational qualification) or on any other basis prohibited by law. Furthermore, ACTION FACILITIES MANAGEMENT, Inc. will not discriminate against any applicant or employee because he or she is mentally or physically disabled, a disabled veteran, or a veteran of the Vietnam era, provided he or she is qualified and meets the requirements established by ACTION FACILITIES MANAGEMENT, Inc. for the Job.

PLEASE TYPE OR PRINT CLEARLY		DATE
NAME (Last) (First) (Middle)		LAST 4 DIGITS OF SOCIAL SECURITY #:
CURRENT ADDRESS (Street) (City) (State) (Zip code) INCLUDE COUNTY		HOME PHONE NUMBER
RESIDENT ADDRESS (Street) (City) (State) (Zip code) INCLUDE COUNTY		CELL PHONE NUMBER
ARE YOU 18 YEARS OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	E-MAIL ADDRESS:	

TYPE OF POSITION DESIRED		
POSITION(S) APPLIED FOR:		
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> TEMPORARY <input type="checkbox"/> OTHER		SALARY EXPECTED:
WILL YOU RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO TO WHAT AREA?	WILL YOU TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE:
HAVE YOU EVER WORKED FOR AFM? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE AND WHEN?	

To comply with the immigration Reform and Control Act of 1986, if you are hired you will be required to provide documents to establish **your** identity and your authorization to be employed in the United States. Such documents will be required within the first three (3) business days following your hire, or upon your first day if your employment period will be less than three (3) days.

HOW WERE YOU REFERED TO AFM?
ARE YOU WILLING TO TAKE A PHYSICAL EXAM AT OUR EXPENSE IF THE NATURE OF THE JOB REQUIRES ONE? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU WILLING TO SUBMIT TO A DRUG SCREEN AT OUR EXPENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY)? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, EXPLAIN: (WHERE) (WHEN) (CHARGED) (SENTENCE)
Note: All prospective employees will be asked to sign a release allowing Action Facilities Management to conduct a background investigation. Successful completion of the background investigation is a prerequisite to employment. Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying.)



RECORD OF EDUCATION

Name and Address of School	Dates Attended		Graduated		Type of degree/diploma received or expected	Major/Minor Fields of Study
	From	To	YES	NO		
	Mo./Yr.	Mo./Yr.				
High School (last attended)						
College / Universities						
Graduate School						
Other (Business, Tech, Secretarial, etc.)						

LIST ANY CLUBS, ORGANIZATIONS, SOCIETIES, OR PROFESSIONAL GROUPS TO WHICH YOU BELONG WHICH HAVE A DIRECT BEARING UPON YOUR QUALIFICATIONS FOR THE JOB WHICH YOU ARE SEEKING:

LIST ANY HOBBIES OR INTERESTS WHICH HAVE A DIRECT BEARING ON THE JOB FOR WHICH YOU ARE APPLYING:

LIST ANY SPECIAL SKILLS OR ABILITIES WHICH DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING:

DO YOU POSSESS A VALID AND CURRENT DRIVER'S LICENSE? YES NO

DRIVER'S LICENSE NUMBER AND STATE OF ISSUE:

MILITARY SERVICE RECORD

HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE UNITED STATES? YES NO

IF YES WHAT BRANCH AND WHAT WAS THE CHARACTER OF YOUR DISCHARGE?

LIST ANY SPECIAL SKILLS OR ABILITIES YOU DEVELOPED WHILE IN MILITARY SERVICE WHICH DIRECTLY RELATE TO THE JOB FOR WHICH YOU ARE APPLYING:



EXPERIENCE

List most recent experience first, going back at least seven years.

1 NAME AND ADDRESS OF EMPLOYER	STARTING POSITION	ENDING POSITION
FROM MO/YR TO MO/YR PHONE NUMBER(S) TO CONTACT:	SALARY	
	STARTING	ENDING
	\$	\$
	REASON FOR LEAVING	
SUPERVISOR NAME AND CONTACT INFO		
2 NAME AND ADDRESS OF EMPLOYER	STARTING POSITION	ENDING POSITION
FROM MO/YR TO MO/YR PHONE NUMBER(S) TO CONTACT:	SALARY	
	STARTING	ENDING
	\$	\$
	REASON FOR LEAVING	
SUPERVISOR NAME AND CONTACT INFO		
3 NAME AND ADDRESS OF EMPLOYER	STARTING POSITION	ENDING POSITION
FROM MO/YR TO MO/YR PHONE NUMBER(S) TO CONTACT:	SALARY	
	STARTING	ENDING
	\$	\$
	REASON FOR LEAVING	
SUPERVISOR NAME AND CONTACT INFO		
4 NAME AND ADDRESS OF EMPLOYER	STARTING POSITION	ENDING POSITION
FROM MO/YR TO MO/YR PHONE NUMBER(S) TO CONTACT:	SALARY	
	STARTING	ENDING
	\$	\$
	REASON FOR LEAVING	
SUPERVISOR NAME AND CONTACT INFO		



EXPERIENCE

List most recent experience first, going back at least seven years.

5 NAME AND ADDRESS OF EMPLOYER	STARTING POSITION	ENDING POSITION
FROM MO/YR TO MO/YR PHONE NUMBER(S) TO CONTACT:	SALARY	
	STARTING	ENDING
	\$	\$
	REASON FOR LEAVING	
	SUPERVISOR NAME AND CONTACT INFO	
6 NAME AND ADDRESS OF EMPLOYER	STARTING POSITION	ENDING POSITION
FROM MO/YR TO MO/YR PHONE NUMBER(S) TO CONTACT:	SALARY	
	STARTING	ENDING
	\$	\$
	REASON FOR LEAVING	
	SUPERVISOR NAME AND CONTACT INFO	
7 NAME AND ADDRESS OF EMPLOYER	STARTING POSITION	ENDING POSITION
FROM MO/YR TO MO/YR PHONE NUMBER(S) TO CONTACT:	SALARY	
	STARTING	ENDING
	\$	\$
	REASON FOR LEAVING	
	SUPERVISOR NAME AND CONTACT INFO	

MAY WE CONTACT THE EMPLOYERS YOU HAVE LISTED? YES NO

IF NO, INDICATE BY NUMBER WHICH ONE(S) YOU DO NOT WISH US TO CONTACT:

USE THE SPACE BELOW AND ON THE BACK OF THIS FORM TO DESCRIBE ANY PREVIOUS WORK HISTORY AND / OR TO
 DETAIL PARTICULAR JOB RESPOSIBILITIES LISTED ABOVE. INCLUDE ANY ADDITIONAL INFORMATION WHICH YOU
 FEEL MAY BE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING.



PERSONAL REFERENCES

Please list at least three:

NAME	ADDRESS	PHONE	HOURS TO CALL

PROFESSIONAL REFERENCES

Please list at least three:

NAME	ADDRESS	PHONE	HOURS TO CALL

In signing this document, I hereby certify the following:

- I understand all the questions and statements in this application.
- All statements I have made in this application are true and correct to the best of my knowledge and belief.
- I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of my employment.
- I give my permission to Action Facilities Management, Inc. (AFM) or an authorized agent of AFM to research my background, i.e., criminal record, work performance, credit, education, etc. for purposes of consideration for employment with AFM.
- I understand that an investigation report may be made as to my character and general reputation. I authorize all past employers, schools, persons and organizations having relevant information or knowledge to provide it to AFM or its duly authorized representative for its use in deciding whether or not to offer me employment.
- I specifically waive the right to receive written notification of any background inquiries.
- I hereby release employers, schools, persons and organizations from all liability in responding to inquiries in connection with my application.
- I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between AFM and me for either employment or for the providing of any benefit. If an employment relationship is established, I understand that my employment can be terminated, with or without cause, at the option of either AFM or myself.

APPLICANT SIGNATURE

DATE



AFM

ACTION FACILITIES MANAGEMENT, INC.

CONFIDENTIALITY AGREEMENT

In consideration of my employment with Action Facilities Management, Inc. do hereby agree that any information I receive concerning Action Facilities Management, Inc. and/or it's clients, during the course of my employment whether printed, written, or oral, shall be held in confidence and not revealed either directly or indirectly, in whole or part, to any other person, firm, or organization and I agree not to use such confidential information for my personal advantage or that of any third party. Further, I understand and agree that Action Facilities Management, Inc. will have the right to immediately terminate my employment, bring a restraining order or other legal action against me and obtain costs and attorney's fees, should I violate this Confidentially Agreement.

Upon the termination of my employment, I agree not to disclose either directly or indirectly, in whole or part, any information concerning Action Facilities Management, Inc. which may have become known to me during the course of my employment.

Employee Name (please print):	Date:
Employee Signature:	

**AFM****ACTION FACILITIES MANAGEMENT, INC.****EMPLOYEE EMERGENCY CONTACT INFORMATION**

Employee Name (please print) :		Date:
Site:	Supervisor:	
<i><u>In the event of an emergency, I authorize Action Facilities Management to contact the following persons (please provide information for a minimum of 2 individuals):</u></i>		
Emergency Contact #1		
Name:	Relationship to Employee:	
Address:		
Day Phone Number:	Night Phone Number:	
I <input type="checkbox"/> Do OR <input type="checkbox"/> Do not authorize medical personnel to release information about my condition to this person.		
Emergency Contact #2		
Name:	Relationship to Employee:	
Address:		
Day Phone Number:	Night Phone Number:	
I <input type="checkbox"/> Do OR <input type="checkbox"/> Do not authorize medical personnel to release information about my condition to this person.		
Emergency Contact #3		
Name:	Relationship to Employee:	
Address:		
Day Phone Number:	Night Phone Number:	
I <input type="checkbox"/> Do OR <input type="checkbox"/> Do not authorize medical personnel to release information about my condition to this person.		
Emergency Contact #4		
Name:	Relationship to Employee:	
Address:		
Day Phone Number:	Night Phone Number:	
I <input type="checkbox"/> Do OR <input type="checkbox"/> Do not authorize medical personnel to release information about my condition to this person.		
Employee Signature:		Date:

Applicant Release and Authorization

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment or promotion. This report is being provided by Inquiries, Inc. - Post Office Box 67 Easton, MD 21601 – Phone 866-987-3767. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, workers compensation agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, workers compensation claims, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This release also authorizes the client to request a pre-employment and/or random selection drug screen. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this Consumer Report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Please write clearly and fill out completely.

Name (Last) _____ (First) _____ (Middle) _____

List any maiden/other name used in the last 7 years _____

Date of birth ____/____/____ Social Security Number ____ - ____ - ____

Drivers License # _____ State _____ Sex _____ Race _____

Professional License Held* _____ State _____ Lic.# _____

(*only if requesting a professional license verification)

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

City _____ State _____ Zip _____ Dates ____/____ to ____/____

Your Signature _____ Today's Date ____/____/____

Minnesota, California, and Oklahoma applicants only. If you want a copy of the reports ordered, check this box . The report(s) will be sent by the reporting agency to you at the address below.

*****APPLICANT – DO NOT WRITE BELOW THIS LINE*****

FAX TO: (410) 819-3670

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company Name: _____ Branch _____

____ Please start our standard background check (ignore boxes below)

Or select from the following:

____ County Criminal History ____ Statewide Criminal History ____ Civil History ____ Social Security Verification

____ Education/Degree Verification ____ Driving Record ____ National Wants & Warrants ____ Fingerprint Services

____ Previous Employer Verification ____ Federal District Criminal Search ____ OFAC List Check ____ HHS/OIG/EPLS Scan

____ Sex Offender ____ National Sex Offender ____ Credit Report

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Inquiries, Inc. and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Inquiries, Inc. can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Inquiries, Inc. its sources, officers, agents or employees. Furthermore you agree to indemnify Inquiries, Inc. its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, and / or workers compensation claim history.