



PROFESSIONAL BUILDING SERVICES, INC.
APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

NAME: (last name first) _____ DATE _____
ADDRESS: _____ SOC. SEC. # _____
CITY/STATE/ZIP: _____ PHONE # _____

Are you 18 years or older? YES ___ NO ___ Are you permitted to lawfully becoming employed in the US? YES ___ NO ___

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERENCES

\ NAME _____ NAME _____
ADDRESS _____ ADDRESS _____
CITY/STATE/ZIP _____ CITY/STATE/ZIP _____
PHONE # _____ OCCUPATION _____ PHONE # _____ OCCUPATION _____

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES _____ NO _____

PLEASE DESCRIBE: _____
WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? DESCRIBE: _____

IN CASE OF EMERGENCY NOTIFY

NAME: _____ ADDRESS: _____
RELATIONSHIP: _____ PHONE # _____

BONDING INFORMATION

The following questions are asked solely to determine eligibility for bonding. No answers to the questions below will be used for any purpose inconsistent with the Company's stated equal employment opportunity policy: (NOTE: the Fidelity Bonding service employed by the company may have additional questions that must be answered by employees for whom Fidelity Bonding is necessary).

HAVE YOU EVER BEEN BONDED? YES ___ NO ___ HAVE YOU EVER BEEN REFUSED A BOND? YES ___ NO ___
IF YES PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES ___ NO ___
IF YES, EXPLAIN _____

VOLUNTARY TERMINATION POLICY

I _____ acknowledge and understand that as a condition of my employment with Professional Building Services, Inc., I am required to provide my supervisor with two weeks notice if I voluntarily terminate my employment. If I fail to provide two weeks notice, I understand that I will receive the current minimum wage for the hours I worked during the last pay period I was employed by Professional Building Services, Inc.

DATE EMPLOYED FROM--TO	NAME OF EMPLOYER & ADDRESS	SUPERVISOR
	NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ _____ PHONE # _____ OCCUP. _____	
	NAME _____ ADDRESS _____ CITY/STATE/ZIP _____ _____ PHONE # _____ OCCUP. _____	

STATEMENT OF ACKNOWLEDGEMENT

I have read, and I understand all of the items of information contained in my P.B.S. personnel manual and have received the P.B.S. Rules and Regulations. I acknowledge receipt of same manual for my personal use and fully understand it is my responsibility to review the manual periodically. The rules and regulations as described in this manual are not all encompassing. There are certain additional rules and regulations that our clients will require P.B.S. employees to obey in addition to these. I understand that at any time during the application process or during my employment with P.B.S. I may be asked to submit to a drug testing/screening, at the company's expense. I also recognize that the Company conducts internal investigations, including the use of polygraph and stress analysis tests, for the purpose of determining facts in the instances of theft or disappearance of merchandise in the clients' buildings. I acknowledge receipt of _____ uniform set/s and _____ set/s of keys and understand that I am fully responsible for them.

CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL!

I hereby authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies and former employers to release information they may have about me and release them from any liability and responsibility from doing so; further I authorize the procurement of an investigative consumer report and understand that such report may contain information as to my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports that may be requested.

DATE: _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED? YES ___ NO ___ POSITION _____ DEPARTMENT _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

90 DAY SALARY _____ FULL TIME/PART TIME (**CIRCLE ONE**) UNION MEMBER: Yes ___ No ___

APPROVED 1. _____ 2. _____ 3. _____
Employment Mgr. Department Head General Manager