

INTEGRATED FACILITIES SERVICES

APPLICATION FOR EMPLOYMENT

Applicants are considered for positions without regard to race, color, religion, sex, national origin, age, sexual preference and/or disability.

UNICCO Service Company complies with all state and federal laws restricting the use of lie detector tests for employment purposes where applicable.

UNICCO Service Company is an equal opportunity employer. (M/F/D/V)

PLEASE PRINT

Last Name	First Name	Middle Name	Social Security Number (Must be furnished upon employment)	
Address	Apartment #	City/Town	State/Zip	How Long
()	()			
Home Telephone	Alternate Telephone	Location of Alternate Telephone		

In order to verify past employment, education, and other records indicated on this application, is additional information regarding a change of name, use of an assumed name, or nickname necessary? Yes No

If Yes, please explain _____

Position(s) Applied For _____ Minimum Hourly Rate/Salary Required _____

Have you ever worked for UNICCO before? Yes No

If Yes, under what name, dates of employment, position, and location _____

Do you have the legal right to work and reside in the U.S.?

Yes No

Indicate work availability:

- Full Time
- Part Time
- Temporary

How were you referred to UNICCO?

- Newspaper
- Electronic Advertising
- Employment Agency
- Relative/Friend
- UNICCO Employee _____
(Indicate name to entitle them for referral bonus)
- Walk-In
- Other _____

If employed by UNICCO, and you are under 18, can you furnish a work permit?

Yes No

Indicate when you are available to work:

- Mornings Nights (3rd Shift)
- Afternoons Weekdays
- Evenings Weekends

Date available to start work? _____

All offers are subject to verification of applicant's identity and employment authorization. You will need to submit such documents upon employment.

What languages do you speak? What languages can you read and write? Please indicate your language skills below:

	Speak	Read/Write		Speak	Read/Write
English	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
			Other _____	<input type="checkbox"/>	<input type="checkbox"/>
			Other _____	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL SKILLS:

Summarize special skills and training acquired through employment or other experience.

EMPLOYMENT EXPERIENCE: (If you need additional space, please continue on a separate sheet of paper.)

Start with your present or last job. Please include any verifiable volunteer work you have performed.

1.

Employer	Telephone		
Address	Employment Dates:	Start/End (month & year)	
Name of Supervisor	Hourly/Weekly Rate of Pay:		
Job Title	Hours Worked Per Week		
Reason for leaving	May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe your work			

2.

Employer	Telephone		
Address	Employment Dates:	Start/End (month & year)	
Name of Supervisor	Hourly/Weekly Rate of Pay:		
Job Title	Hours Worked Per Week		
Reason for leaving	May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe your work			

3.

Employer	Telephone		
Address	Employment Dates:	Start/End (month & year)	
Name of Supervisor	Hourly/Weekly Rate of Pay:		
Job Title	Hours Worked Per Week		
Reason for leaving	May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe your work			

EDUCATION:

Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
Elementary School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate or Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES:

Give name, address, and telephone number of three references who are not related to you and are not previous employers:

1. _____
2. _____
3. _____

Have you ever been convicted of a felony? Yes No

Have you been convicted of a misdemeanor (other than a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace) within the last 5 years? Yes No

Have you been incarcerated or completed a term of incarceration within the last 5 years? Yes No

If yes to any of the above, please explain _____

Answering yes to any of the above will not necessarily disqualify an applicant from employment. This information will only be used for job related purposes, and only to the extent permitted by applicable law.

Are you a veteran of the United States Military Service? Yes No Branch: _____

Can you perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No

JOB APPLICANT'S AGREEMENT AND AUTHORIZATION TO COLLECT INFORMATION

(This section of the application must be signed or we will be unable to accept this application.)

I authorize investigation of all statements contained in this application and discussion with any present and previous employers and references. I understand that misrepresentation or omission of facts is cause for dismissal. Furthermore, I understand that my employment is at will; the terms and conditions of my employment and compensation can be changed or terminated at any time, with or without cause, and with or without notice.

I understand and acknowledge that no representative of UNICCO, other than the Chairman or the Vice President of Human Resources, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. Any such agreement must be in writing and signed by me and one of the individuals designated above to be binding.

SIGNATURE _____ DATE _____

DO NOT WRITE IN THIS SECTION -- FOR UNICCO USE ONLY!

TO BE COMPLETED POST EMPLOYMENT

MANAGERS: PLEASE COMPLETE ITEMS BELOW AFTER HIRING.

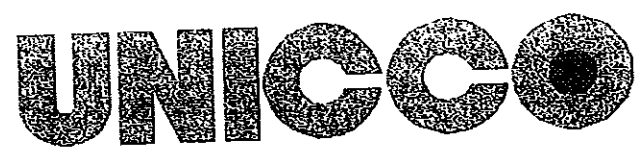
Employee Name: _____
Hired By: _____
Rehire: [] Yes [] No
Home Cost Center: _____
Rate of Pay/Salary: _____
Date Started: _____
Check Route Code: _____
Date of Birth: _____
Job Title: _____
Job Step: _____ [] PT [] MT [] FT

TO BE COMPLETED BY HUMAN RESOURCES AFTER HIRING:

Employee #: _____
Tax Code (resident): _____
Tax Code (work): _____
Union Code: _____
Union Seniority Date: _____
Entered By: _____
Date: _____

Please indicate, using the following codes, the race/ethnic category of the employee based on observation.

- [] 01 NON-MINORITY Not of Hispanic origin; all persons having origins in any of the peoples of Europe, North Africa or the Middle East
[] 02 BLACK Not of Hispanic origin; all persons having origins in any of the Black racial groups of Africa; includes Cape Verdian Islands
[] 03 HISPANIC All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
[] 04 ASIAN/PACIFIC ISLAND All persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands (e.g., China, India, Japan, Korea, the Philippines Islands and Samoa)
[] 05 AMERICAN INDIAN OR ALASKAN NATIVE All persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition



INTEGRATED FACILITIES SERVICES

AN EQUAL OPPORTUNITY EMPLOYER

(M/F/D/V)