

WESTERN BUILDING MAINTENANCE

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Each question should be fully and accurately answered. No action can be taken on this application until all the questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for the signature on the application. All information given will be available to all persons who have "need to know" or as required by law. This company will make reasonable accommodation in the application process, if applicable. This application is current for only thirty (30) days, at the conclusion of which time you have not heard from us and still wish to be considered for employment it will be necessary to fill out a new application.

NAME (Print)				TODAY'S Date	
Last		First		Initial	
PRESENT ADDRESS				PHONE day:	
City State Zip				evening:	
Position Applied for?			When are you available for employment?		
Which type of employment are you seeking? <input type="checkbox"/> Days/Nights <input type="checkbox"/> Part-time/Full Time				<input type="checkbox"/> Temporary <input type="checkbox"/> Summer	
Have you ever worked for WBM? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you related to anyone working for WBM? <input type="checkbox"/> Yes <input type="checkbox"/> No		

RECORD OF EMPLOYMENT

1. Name of Current/Recent Employer		2. Address		Telephone		Type of Buisness	
Dates of Employment From To Rate of Pay		Reason fro Leaving				Supervisor Name and Title	
List the jobs you held, duties performed, skills used or learned, advancements and promotions							

May we contact your Current/Recent Employer? Yes No

1. Recent Employer		2. Address		Telephone		Type of Buisness	
Dates of Employment From To Rate of Pay		Reason for Leaving				Supervisor Name and Title	
List the jobs you held, duties performed, skills used or learned, advancements and promotions							

Have you ever been convicted of a criminal offense? Yes No (A conviction will not necessarily disqualify an applicant)

If yes, Please explain			Are you Over 18 years of age? Yes No		
Are you authorized to work in the Unites States? Yes No (Federal Law requires proof of identity and employment authorization for all new employees)					
Do you have a valid driver's license and your own vehicle			YES NO		License # and State Issued

Education (Circle last year completed)				School Name		Major Subjects	
High School	1	2	3	4			
College	1	2	3	4			

e-mail address _____

The Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could such general identification information as residence verification, and as applicable, information concerning my employment, education, general reputaion, character, personal characteristics and habits and that such information may be developed through personal interviews with third parties such as family members, neighbor, friends, associates, former employers, educational institutions, custodians of official records or other sources. Only job related information developed from such reports will be considered in evaluation of my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records. I Authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the company harmless from any claim.

X _____

State of Idaho EEO Self-Identification Form

Idaho Division of Human Resources, 304 N. 8th St., Boise, Idaho 83720-0066

This voluntary Equal Employment Opportunity (EEO) self-identification form serves to fulfill the governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. This is a voluntary self-identification form used to collect confidential gender and racial/ethnic information. All information collected by this form is kept strictly confidential and separate from all other application materials. No applicant will be subject to any adverse treatment as a result of the information provided.

Qualified applicants are considered for employment without regard to race, color, religion, national origin, sex, age, disability, or veteran status.

GENDER IDENTIFICATION (SELECT ONE)

MALE

FEMALE

RACE/ETHNICITY IDENTIFICATION (SELECT ONE)

WHITE (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

ASIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Name (Please Print)

Signature

Social Security Number

Date