



## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone (if different): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

**All candidates offered a position with Area Portable Services will be required to submit and pass both a drug and background screening process. Any and all offers of employment are contingent upon acceptable results of such screenings.**

### EMPLOYMENT DESIRED

Position Applying for: \_\_\_\_\_

Full-time  Yes  No

Part-time  Yes  No

Temporary  Yes  No If yes, what period will you be available? From \_\_\_\_\_ To \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

Are you available to work on weekends?  Yes  No

Would you be available to work overtime, if necessary?  Yes  No

If applying for a position where driving is required; Do you have a valid driver's license?  Yes  No

If hired, on what date can you start work? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Why are you applying for work at Area Portable Services?

\_\_\_\_\_  
\_\_\_\_\_

### PERSONAL INFORMATION

Have you ever applied to or worked for this company or Area Restroom Solutions before?  Yes  No

If yes, where and when? \_\_\_\_\_

Do you have any relatives working for Area Portable Services?  Yes  No

If yes, state name(s) and relationship(s): \_\_\_\_\_

Are you at least 18 years old?  Yes  No

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, describe the functions that cannot be performed.

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(Note: We comply with Federal, State and Local regulations and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.)

### EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	No. of years completed	Did you graduate?	Degree/Diploma
High School	Name _____ City State Zip _____			
College/ University	Name _____ City State Zip _____			
Vocational/ Business/ Other	Name _____ City State Zip _____			

Are you currently employed?  Yes  No If yes, may we contact your current employer?  Yes  No

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for this position?  Yes  No

If yes, please explain: \_\_\_\_\_

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## EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

<p>Employer's Name _____</p> <p>Employer's Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Employer's Telephone Number _____</p>	<p>Supervisor's Name _____</p> <p>Dates of Employment _____</p> <p>May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Job Title: _____</p> <p>Job Responsibilities: _____</p> <p>Reason for Leaving: _____</p>
<p>Employer's Name _____</p> <p>Employer's Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Employer's Telephone Number _____</p>	<p>Supervisor's Name _____</p> <p>Dates of Employment _____</p> <p>May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Job Title: _____</p> <p>Job Responsibilities: _____</p> <p>Reason for Leaving: _____</p>
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<p>Employer's Name _____</p> <p>Employer's Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Employer's Telephone Number _____</p>	<p>Supervisor's Name _____</p> <p>Dates of Employment _____</p> <p>May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Job Title: _____</p> <p>Job Responsibilities: _____</p> <p>Reason for Leaving: _____</p>

**REFERENCES**

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____			
First Name	Last Name		
_____			
Address	City	State	Zip
_____			
Telephone Number	Occupation	Number of years acquainted	
_____			
_____			
First Name	Last Name		
_____			
Address	City	State	Zip
_____			
Telephone Number	Occupation	Number of years acquainted	
_____			
_____			
First Name	Last Name		
_____			
Address	City	State	Zip
_____			
Telephone Number	Occupation	Number of years acquainted	

**Please read carefully and sign below.**

I hereby certify that I have not knowingly withheld any information that might adversely affect my eligibility for employment and that the answers given by me are true and accurate. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any document used to secure employment shall be grounds for rejection of this application or termination of employment if employed, regardless of the time elapsed before discovery.

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company and my former employers from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself the company and that no promises or representations contrary to the foregoing are binding unless made in writing and signed by me and the designated representative.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant Signature