



# EMPLOYMENT APPLICATION

Name: \_\_\_\_\_ Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Last) (First) (Middle)  
Address: \_\_\_\_\_ Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Street) (City/State) (Zip)  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you 18 years or older?  Yes  No Are you an U.S. citizen?  Yes  No Are you authorized to work in the US?  Yes  No

Are you now, or do you expect to be, working in any other business or job?  Yes  No

Have you been previously employed at Metro Contracting Services?  Yes  No If yes, give date(s): \_\_\_\_\_

How were you referred to MCS?  Walk-in  Indeed  Employment Agency  Advertisement  Emp. Referral

Who referred you to MCS? \_\_\_\_\_

Do you have reliable transportation?  Yes  No Method:  Car  Bus  Other: \_\_\_\_\_

Position(s) applied for: Janitorial:  Cleaner  Lead Cleaner  Supervisor  Floor Tech  Carpet Tech  
Main Office:  Administrative  Human Resources  Sales  Operations  Management  
 Telemarketing

Hours willing to work:  10 - 20 Hrs per week  20 - 30 Hrs per week  30 - 40 Hrs per week  
 Nights  Afternoon  Mornings  Mid-nights  Weekends

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? \_\_\_\_\_

Cleaning Experience (Check all that apply):  Office Cleaning  Floor Stripping/Waxing  Carpet Cleaning  Other

Explain: \_\_\_\_\_

The job for which you are applying may require work on Saturdays, Sundays, and holidays. While reasonable accommodations can be made for you, are you willing to work such a schedule?  Yes  No If No, please explain: \_\_\_\_\_

Expected Rate of Pay: \_\_\_\_\_ Date you can start: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If hired, how long do you plan to work with us?  0-3 months  Less than 6 months  6 months to a 1 year  1 year +

Have you ever held a supervisor position?  Yes  No

Where? \_\_\_\_\_ When? \_\_\_\_\_ How many did you supervise? \_\_\_\_\_

Service positions within this Company require: Lifting 35 lbs. Reaching Twisting Pushing Bending  
Carrying 35 lbs. Crouching Walking Standing

Is there any reason why you could not perform these physical requirements?  Yes  No If yes, explain: \_\_\_\_\_

## EMPLOYMENT EXPERIENCE (List current or most recent job first)

<input type="checkbox"/> Employer	Phone No.	Work Performed:
Address	Date	
	From	To
Job Title		
Supervisor	Hourly Rate / Salary	
	Starting	Final
Reason For Leaving		

<input type="checkbox"/> Employer	Phone No.	Work Performed:
Address	Date	
	From	To
Job Title		
Supervisor	Hourly Rate / Salary	
	Starting	Final
Reason For Leaving		

<input type="checkbox"/> Employer	Phone No.	Work Performed:
Address	Date	
	From	To
Job Title		
Supervisor	Hourly Rate / Salary	
	Starting	Final
Reason For Leaving		

May we contact the employers listed above?  Yes  No      If you do not want us to contact an employer, check the number (1,2,3) above and explain why? \_\_\_\_\_

## EDUCATION

	Name / Location	Years Completed	Diploma / Degree	Courses of Study
Elementary				
Middle / Junior High				
High School				
College				
Graduate				
Vocational / Training				

List all other educational training: \_\_\_\_\_  
 \_\_\_\_\_

## REFERENCES (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1.				
2.				
3.				

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes No

If yes, what branch? \_\_\_\_\_

Have you been convicted of a crime? Yes No If yes, where, when and nature of offense: \_\_\_\_\_

Do you have a valid driver's license? Yes No License Number: \_\_\_\_\_ State: \_\_\_\_\_

Briefly state why you would like to work with our company: \_\_\_\_\_

Is there any information we would need about your name, or use of another name or alias for us to be able to check your work record? \_\_\_\_\_

State any additional information that you feel may be helpful to us in considering your application. \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Home No: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Work No: \_\_\_\_\_

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### **AUTHORIZATION AND UNDERSTANDING:**

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of employment.

I further understand and agree that if I am hired by **METRO CONTRACTING SERVICES**, I will be an at-will employee which means that my employment can be terminated by **METRO CONTRACTING SERVICES**. at any time, with or without cause, for any or no reason whatsoever.

I hereby authorize the firm to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the firm during the course of my employment.

I acknowledge that if I am hired, any dispute, matter or controversy involving of monetary damages and/or employment related matters, including, but not limited to, all federal or state law contract claims, termination's claims, and/or claims of discrimination based upon race, color, religion, sex, weight, age, nation origin, handicap, disability, veteran status, or any other discrimination claims, shall be submitted to binding arbitration under the rules of the American Arbitration Association; that the decision of the arbitrator shall be followed; and that a judgment of a court having jurisdiction may be entered to enforce the arbitration award.

\_\_\_\_\_  
(Applicants Signature)

\_\_\_\_\_  
(Date)

**To the Applicant:** We appreciate your interest in our Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position, which in our judgment, best meets your qualifications. This application shall remain active for forty-five (45) days from the date it is submitted.

