



HR Department: (404) 910-4517

Fax: (404) 585-4407

Email: info@ebs-4u.com

Employment Application

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, medical condition or disability, ancestry, creed, marital status, personal appearance, family responsibilities, matriculation or political affiliation. As an employer, we comply with government employment regulations. EBS-4U, Inc. also provides "reasonable accommodation" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Personal Information: *(Please print or complete on-line)*

Position Applying For:

Date _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Phone Number Home () _____ Cell () _____

Work () _____ E-Mail _____

Contact name and number in case of emergency: _____
Name Number

If employed and you are under 18, can you furnish a work permit? Yes No

Do you want to work Full Time Part Time On Call

Shift Availability Day Evening Night Weekend

How did you hear about the position? _____

On what date would you be available to start work? _____

Have you ever been affiliated with EBS-4u, Inc. before? Yes No

If yes, when? _____ Position held: _____

Do you have any family members employed by EBS-4u, Inc. or any of its subsidiaries? Yes No

If yes, name: _____ Position held: _____

Are you legally eligible for employment in the United States?
(Proof of citizenship or immigration status will be required upon employment) Yes No

Have you ever served in the U.S. Armed Forces? Yes No

Have you used any **ILLEGAL** drug(s) in the past 12 months? Yes No

Have you been convicted of a felony within the last seven (7) years? Yes No

(Conviction will not necessarily disqualify an applicant from employment. In making our decision, we will consider many factors such as the age and time of the offense involved the seriousness and nature of the violation, and whether you have been rehabilitated. We will also consider the nature of the job for which you are applying)

Work History: Please provide a complete list of all employment starting with the most recent employment.

1.

Employer: _____	Date employed: From: _____
Address: _____ Street	To: _____
_____	Starting Salary _____
City State	Ending Salary _____
Job Title: _____	Reason for leaving _____
Work performed: _____	_____
_____	_____
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor: _____	Tel No.() _____

2.

Employer: _____	Date employed: From: _____
Address: _____ Street	To: _____
_____	Starting Salary _____
City State	Ending Salary _____
Job Title: _____	Reason for leaving _____
Work performed: _____	_____
_____	_____
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor: _____	Tel No.() _____

3.

Employer: _____	Date employed: From: _____
Address: _____ Street	To: _____
_____	Starting Salary _____
City State	Ending Salary _____
Job Title: _____	Reason for leaving _____
Work performed: _____	_____
_____	_____
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor: _____	Tel No.() _____

Work History: Please provide a complete list of all employment starting with the most recent employment.

4.

Employer: _____	Date employed: From: _____
Address: _____ Street	To: _____
_____	Starting Salary _____
City State	Ending Salary _____
Job Title: _____	Reason for leaving _____
Work performed: _____	_____
_____	_____
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor: _____	Tel No.() _____

5.

Employer: _____	Date employed: From: _____
Address: _____ Street	To: _____
_____	Starting Salary _____
City State	Ending Salary _____
Job Title: _____	Reason for leaving _____
Work performed: _____	_____
_____	_____
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor: _____	Tel No.() _____

6.

Employer: _____	Date employed: From: _____
Address: _____ Street	To: _____
_____	Starting Salary _____
City State	Ending Salary _____
Job Title: _____	Reason for leaving _____
Work performed: _____	_____
_____	_____
ARE YOU EMPLOYED NOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor: _____	Tel No.() _____

Education:

High School Diploma: Yes No Date earned _____ School _____

Address: _____
 Street City State

GED: Yes No Date earned _____ School _____

Address: _____
 Street City State

College: Yes No Date earned _____ Degree: _____

College/University: _____

Address: _____
 Street City State

Trade School: Yes No Date earned _____ School _____

Address: _____
 Street City State

MILITARY

Branch of Service	Active Duty: From	To
Rank or Ranking		

SKILLS

Professional Licenses/ Registrations:						
Are you fluent in any other languages than English? Yes or No		Language:	Speak:	Read:	Write:	
Indicate Facility Service experience in years:						
Janitor	HVAC	Painter	Carpet Installer	Carpenter	Groundskeeper	Landscaping
Plumber	Electrician	Drywall Installer	Mason	Roofer	Window Washer	Handyman
Other (Please Specify)						

Indicate Business Service experience in years:						
Business Support		Administrative Support		Project Management		Technology Support
Microsoft	Help Desk	Clerical	Networking	Cyber Security	Document Management	
Other (Please Specify)						

Additional information:

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? Yes No If so, please explain: _____

I certify that the statements I have made in this application are true and I hereby grant EBS-4U, Inc. or its affiliate permission to verify the accuracy and completeness of this information and investigate all references, educational records and criminal background investigation (see attached release form). I understand that any false statements or misleading statements made by me on this application or in connection with my physical examination will be sufficient cause for the rejection of this application or immediate dismissal if such false or misleading information is discovered after my employment. If accepted for employment, I agree to abide by policies and procedures of the organization.

I understand that if an offer of employment is made, my employment is contingent upon the following:

1. A criminal background check.
2. I must satisfactorily complete the required probationary period.

I understand that nothing contained in this employment application is intended to create an employment contract between EBS-4U, Inc. and myself for either employment or for my benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be **at-will** and that I or EBS-4U, Inc. will have the right to terminate my employment at any time for any reason.

Date

Signature of Applicant

EMPLOYEES EXPECTATIONS:

BE HONEST.

BE ON TIME.

TIME IS VALUABLE, PLEASE DO NOT WASTE OURS. REMEMBER YOU SEE IT THEY SEE IT. ALL OF THE FACILITIES WE CLEAN HAVE CAMERAS OR GUARDS. IT IS NOT WORTH IT.

IF YOU NOTICE ANY DAMAGES TO THE FACILITY, I.E. BROKEN DOOR KNOB OR LATCHES, BROKEN GLASS, PLUMBING LEAKS. PLEASE NOTIFY THE SUPERVISOR IMMEDIATELY.

UNIFORMS: EMPLOYEES MUST BE IN UNIFORM AT ALL TIMES.

Initial uniform (2 Tee-Shirts) will be supplied by EBS-4U, Inc. Employee is responsible for additional uniform \$15.00 each and can be a payroll deduction (two (2) uniform must be owned).

EBS-4U, Inc. PAY PERIODS IS EVERY TWO WEEKS. (schedule will be provided by Accounting)

BENEFITS, I.E. HEALTH, DENTAL, VACATION. (TBD)

I UNDERSTAND THAT THERE IS A 90 DAY PROBATIONARY PERIOD. AT 60 DAYS I WILL BE RE-EVALUATED ON CONTINUED EMPLOYMENT. I FURTHER UNDERSTAND THAT I CAN BE TERMINATED AT ANY TIME DURING THIS PERIOD.

EMPLOYEE SIGNATURE

DATE

I HAVE EXPLAINED THE JOB PERFORMANCE AND EXPECTATIONS TO THE POTENTIAL EMPLOYEE.

EMPLOYER SIGNATURE

DATE

An Equal Opportunity Employer

EBS-4U, Inc.

Disclosure and Release

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from **BSCAI**, Blue Springs, MO. These reports may include the following type of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my education, driving record, workers' compensation claims, bankruptcy proceedings, credit, criminal records, etc., from federal, state and other agencies which maintain such records. I hereby authorize **BSCAI** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY BSCAI. TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to **BSCAI**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which **BSCAI** has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from **BSCAI**.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

_____	_____	_____	_____	_____
Print name as it appears on Driver's License	SS#	Date of Birth	Sex	Race
Current Address: _____	City: _____			
State: _____	Zip: _____	Years: _____	County: _____	
Previous Address: _____	City: _____			
State: _____	Zip: _____	Years: _____	County: _____	

Applicant Signature

Date Signed

Return Results To: _____	Phone: _____
Email: _____	Criminal _____ Comments _____