



Commercial Maintenance Systems, Inc.
5205 South Lois Avenue
Tampa, Florida 33611
(813)839-0616 • Fax (813) 839-1653

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. Prospective employees will receive consideration without regard to race, creed, color, religion, sex, age, disability, national origin, marital status, or any other protected class.

•• WE ARE A DRUG FREE WORKPLACE ••

>>>> Social Security Number >>>>

Personal Information

Last Name		First	Middle
Street Address			
City, State, Zip			How long at present address? _____ Years _____ Months
If less than 2 years at current address, what was your previous address?			How long at previous address? _____ Years _____ Months
Home Phone		Cell Phone	
Driver's License Number / State			Date of Birth

Are you legally eligible for employment in the United States? Yes_____ No_____

Can you provide documentation on your eligibility for residence and employment in the United States? Yes_____ No_____

Have you ever worked for us OR applied for employment with us before? Yes_____ No_____

If yes, give date(s) _____

How did you learn of our organization? _____

What position are you applying for? _____

What date are you available for employment? _____

Are you employed now? Yes_____ No_____

If so, may we inquire of your present employer? Yes_____ No_____

Have you ever been convicted of a crime? Yes_____ No_____

(NOTE: A CONVICTION IS NOT NECESSARILY A DISQUALIFICATION FOR EMPLOYMENT.)

If yes, please explain. _____

Employment History

Employment History Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

NOTE: We may contact employers listed unless you indicate those you do not wish us to contact.

Company Name	Telephone
Address	
Name of Supervisor	Employed (Month and Year) From _____ To _____
Job Title and Describe Your Work	Hourly Rate Start _____ Last _____
Reason for Leaving	<i>OK to CONTACT ?</i>
<hr/>	
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Address	
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Company Name	Telephone
Address	
Name of Supervisor	Employed (Month and Year) From _____ To _____
Job Title and Describe Your Work	Hourly Rate Start _____ Last _____
Reason for Leaving	OK to CONTACT ?

Education and Training

Education

Name of High School	Graduated? Yes _____ No _____ Year of Graduation / Years Attended
Location of School	Course of Study
Degree or Certificate Received	Honors Received
Name of College / Technical / Other School	Graduated? Yes _____ No _____ Year of Graduation / Years Attended
Location of School	Course of Study
Degree or Certificate Received	Honors Received
Name of College / Technical / Other School	Graduated? Yes _____ No _____ Year of Graduation / Years Attended
Location of School	Course of Study
Degree or Certificate Received	Honors Received

Military Service

Complete this section if you served in the United States Armed Forces.

Branch of Service	Period of Active Duty (Month & Year) From _____ To _____
Describe your duties and any special training.	
Rank at Discharge	Date of Final Discharge / Honorable?

References

List below the names of three business / work references not related to you. Indicate in the "How Known" section what working relationship the individual has had to you (manager, coworker, customer, user, etc.) and at what company.

If not applicable, list three persons not related to you, whom you have known at least one year.

References

Name	Phone Number
Company	How Known
Address (City, State, Zip)	
Name	Phone Number
Company	How Known
Address (City, State, Zip)	
Name	Phone Number
Company	How Known
Address (City, State, Zip)	

Professional Associations and Other Information

Include any other information you think would be helpful to us in considering you for employment. This may include your involvement in civic activities, professional, trade, and business organizations, or additional work experience and any other accomplishments. (You may exclude all information indicative of age, sex, religion, ancestry, disability, or other protected status.)

Certification & Authorization

PLEASE READ CAREFULLY

I certify that the information presented in this Employment Application is true, correct and complete and do hereby give Commercial Maintenance Systems (CMS) my permission to make an investigation based on the information provided.

If CMS should decide to engage an investigative consumer reporting agency to report on my business, criminal, and personal history, I authorize them to do so and to have such information released to them. If a report is obtained, CMS must provide, at my written request, the contact information of the agency so I may obtain from them the nature and substance of the information contained in the report.

If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I understand I may, if hired, terminate my employment with the company at any time. The company may also terminate my employment and compensation at any time, with or without cause.

I understand company personnel or employment recruiters do not have authority to enter into any agreement for my employment for any specified period of time.

Nothing contained in this Employment Application, the granting of an interview, or the acceptance of an offer of employment is intended to be construed as a contract of employment.

I understand that at this time, CMS will be running a **Motor Vehicle Report** on my Driver's License for the purpose of the company's Commercial Vehicle Insurance Policy and do hereby authorize CMS to obtain this report.

DRIVER'S LICENSE NUMBER	STATE
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NAME (Please Print)

DATE

SIGNATURE >>>

Background Certification & Authorization