



Employment Application



To the Applicant: It is the policy of practice of SFM Services, Inc. to select new employees based on qualifications only, without regard the race, religion, color, national origin, sex, age, marital stauts, disability, Veteran status, or other non-job related factors. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accomodation to the application and/or int and/or interview process should notify a company representative.

Personal Information		Date:	
Type or Print		Employee #	
Last name	First Name	Middle Initial	Social Security Number
Home Address		City, State and Zip Code	DOB MM/DD/YYYY
Telephone numbers	Home:	Cellular	E-mail
Can you provide proof of legal employment authorization and Identity?			
Emergency Contacts	Last name	First Name	Phone Relationship
	Last name	First Name	Phone Relationship

Security License? YES / NO License No. _____ Exp. _____

Previous Employment				
Date of Employment Month and Year	Name and Address of Employer	Phone Number	Position	Reason for Living
From:				
To:				
From:				
To:				
From:				
To:				

Education	Name and Location of School	Did you graduate?	Subject Studied	Degree Earned
High School				
College				
Trade or business School				

References
Please give the name two additional persons (not relatives) who may be contacted by SFM Services, Inc. Both should have specific knowledge of your work experiences and/or capabilities.

Name	Address	Occupation	Phone Number	Years Known

If your are currently employed, may we contact your present employer for reference?

Miscellaneous

Do you have any relatives working for any of our companies? _____

Have you ever been convicted of a felony or misdemeanor?

If yes, please explain: _____

(Note: a conviction will not necessarily be a bar to employment. Relevant circumstances will be considered)

Please list any additional information you consider pertinent to your application for employment (including experience, unique skills, training obtained honors, professional licenses, certificates and/or other qualifications).

Indicate any accommodations required under the Summarize Americans with Disabilities Act (ADA)

I hereby authorize SFM Services, Inc and/or PM Security Service, Inc. to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability SFM Services, Inc and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I also understand that the SFM Services, Inc will undertake other background checks pertinent to the position for which I am applying, such as criminal background, driver's license, driving record and personal credit In accordance with Florida law and that I hold SFM Services, Inc harmless in these efforts.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specific length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization with three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I also understand that SFM Services, Inc operate a smoke-free and drug-free workplace and I am prepared to take a pre-employment drug test and random drug tests.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under those conditions.

Applicant Signature _____

Date: _____

Company Use only (do not print in this section)

<input type="checkbox"/> New Hire	<input type="checkbox"/> Re-Hire	Hourly rate: _____	<input type="checkbox"/> Landscape	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Security	<input type="checkbox"/> SFM
Position	Job Name	Job #				
Start date:			Start time:			
Will this employee be driving company vehicles?						
Shift:		Part time:		Full Time:		Uniform:
Hiring Manager Name				Hiring Manager Signature:		
Over Minimum Wage MUST HAVE President's Approval				President's Approval:		