



SIGHTFUL SERVICES

EMPLOYMENT APPLICATION

*Security and/or Cleaning Services may require you to work nights, days, weekends, and holidays. If you are not prepared to work these shifts. Please **DONOT FILL OUT** the Application.*

THE FOLLOWING MUST BE FILLED OUT COMPLETELY IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED. (PLEASE PRINT)

Today's Date: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Home Address: _____ Apt# _____

City/County: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile/Cell: _____

Email Address: _____

(If you have lived at the above address for less than 5 years, please complete the following)

Previous Address: _____ Apt# _____

City/County: _____ State: _____ Zip Code: _____

Do you have a Driver's License? Yes NO If yes License# _____ State Issued _____

Are you willing to undergo a background check? Yes NO.

LANGUAGES: English: Speak Read Write Fluent Intermediate Minimal

Other Languages: _____s Speak Read Write Fluent Intermediate Minimal

EMPLOYMENT DESIRED: *(You may select more than one position)*

Security Cleaning Services Administrative Other: _____

If hired, on what date can you start working? _____

Desired Pay Rate/Range \$ _____ --- _____ /hr.

Have you ever been Employed/Applied with Sightful Services? Employed Applied NO
if yes Date:_____

Availability: Full Time Part Time Shift Work Weekends Holidays Temp

(If applying for guard position) Do you have a valid and current Security Guard license issued by NY State? Yes NO If yes, fill in your Guard card number: G_____ EXP:_____

Do you actively have:F01 F02 F03 F04 F60 F89S60 F85
Osha

Are you able to perform your job duties with or without reasonable accommodations?

Yes NO If No Please Explain _____

EDUCATION:

Number Of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
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High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

What machines and/or equipment can you operate that relate to the job for which you are applying? _____

EMPLOYMENT: (List names of employers in consecutive order with present or last employer listed first.)

Name of Employer: _____ Job Title: _____

Duties: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment: From (MO/YR): _____ to _____ Pay Start \$: _____ Final Pay \$: _____

Supervisor (s) _____ Telephone: _____

Reason for Leaving: _____

Name of Employer: _____ Job Title: _____

Duties: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment: From (MO/YR): _____ to _____ Pay Start \$: _____ Final Pay \$: _____

Supervisor (s) _____ Telephone: _____

Reason for Leaving: _____

Name of Employer: _____ Job Title: _____
 Duties: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Dates of Employment: From (MO/YR): _____ to _____ Pay Start \$: _____ Final Pay \$: _____
 Supervisor (s) _____ Telephone: _____
 Reason for Leaving: _____

Are you presently employed? Yes NO. If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes NO. If yes, please explain: _____

MILITARY:

Are you/have you been a member of the US Military? (Please Select ALL that Apply)

N/A Veteran Active Reserves Air Force Army Navy Marines

Skills/Duties/Related Details: _____

REFERENCES: (List the full name, address, phone number and relationships of up to three persons that you'd like to use as professional references.)

Name: _____ Address: _____
 Phone Number: _____ Relationship _____

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 Phone Number: _____ Relationship _____

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PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered later. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I hereby consent to a check of my driving record as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____