

EMPLOYMENT HISTORY

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

1. Company Name: _____ Telephone: _____
Address: _____ Supervisor: _____

State job title and describe your work:

Employed (State, Month and Year) From _____ To _____ Weekly Pay: _____
Start End

Reason for Leaving: _____

2. Company Name: _____ Telephone: _____
Address: _____ Supervisor: _____

State job title and describe your work:

Employed (State, Month and Year) From _____ To _____ Weekly Pay: _____
Start End

Reason for Leaving: _____

3. Company Name: _____ Telephone: _____
Address: _____ Supervisor: _____

State job title and describe your work:

Employed (State, Month and Year) From _____ To _____ Weekly Pay: _____
Start End

Reason for Leaving: _____

Have you ever been discharged or asked to resign from any position? Yes No

If yes, please explain:

<p>We may contact the employers listed unless you indicate those you do not want us to contact.</p>	DO NOT CONTACT
	Employer Number(s): _____ Reason: _____

REFERENCES

Please give accurate, complete full-time and part-time employment record.

Name two people who have known you at least two years (do not include relatives).

1. Name: _____ Telephone: _____

Address: _____

Business & Position: _____

2. Name: _____ Telephone: _____

Address: _____

Business & Position: _____

Education Information

Course Completed

Areas of Specialization

Check Highest Grade Completed

1 2 3 4 5 6 7 8 9 10 11 12 GED College

Name of High School Attended: _____

Name of College Attended: _____

Trade School: _____

Languages

Speak

Read

Write

English

Spanish

Chinese

Other: _____

1. Have you been convicted of a *Misdemeanor* in the last five years? Yes No

2. Have you been convicted of a *Felony* in your lifetime? Yes No

If yes, what was the conviction?
Please explain.

(Note: A criminal conviction will not necessarily be a bar to employment. Any relevant factors such as age at time of the offense, the seriousness and nature of the violation, and rehabilitation will be taken into account. Any such matters should be fully explained below. Attach a separate piece of paper if necessary.)

DRUG/ALCOHOL TESTING PROGRAM

Viking Building Services has a drug/alcohol testing program. This program is used for Pre-Employment at random on job sites or on the job injuries involving a doctor's visit. Refusal to be tested on this program will be grounds for not hiring a prospective employee or for terminating a current employee.

APPLICANT'S CERTIFICATION AND STATEMENT

(Read carefully before signing)

I hereby certify that the answers to the foregoing questions are true to the best of my knowledge and I understand that any misstatement of fact will, if I am employed, subject me to immediate dismissal. I also agree to follow the Policies and procedures of Viking Building Services. I also understand that as a normal employment procedure, a routine inquiry may be made concerning my background and qualifications. I authorize such an investigation and understand that, upon my written request, information on the nature and scope of the inquiry, if one is made, will be provided to me. My present employer may be contacted unless I request otherwise in writing. I also 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.

Date

Signature of Applicant (If e-mailed add a digital signature – an original signature will be required upon hiring)

INFORMATION VERIFICATION

After I have accepted the job offer, I authorize Viking Building Services to request a Background Check and a copy of my Motor Vehicle Driving Record, in the event that my position requires the use of a motor vehicle. I hereby agree to submit to drug test(s) that may be requested of me, whether prior to my employment, or, if employed by this company, at any time thereafter. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is at will and that the company can change wages, benefits and conditions at any time. I understand that the company may terminate my employment at any time for any reason, with or without notice. In turn, I understand that I may terminate my employment at anytime with or without reason. If the job requires me to be insured (drivers, etc.), I will immediately inform Viking Building Services at any time I become uninsurable. I have read and understand the above.

Date

Signature of Applicant (If e-mailed add a digital signature – an original signature will be required upon hiring)

Because of my limited abilities in speaking and/or writing the English language, I have agreed to let someone other than myself fill out this application. I have signed below agreeing that the questions in this application were translated into a language that I understand and that I understand all of the questions.

Date

Signature of Applicant (If e-mailed add a digital signature – an original signature will be required upon hiring)

Debido a que no hablo o escribo bien en el idioma ingles, he estado de acuerdo de que alguien me liene esta solicitud o he leído la traducción completa. Firmo la presente en señal de que las preguntas a esta solicitud fueron traducidas al Español y que entiendo todas ellas.

Fecha

Firma de Solicitante