



CAREER HISTORY

This information will not be the only basis for hiring decisions. You are not required to furnish any information that is prohibited by federal, state, or local law.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Home Address: _____ Phone: _____
Street City State Zip

Position Applied for: _____ Earnings expected \$: _____

Business Experience

Please start with your present or most recent position.

A. Firm: _____
 Address: _____ Phone: _____
Street City State Zip

Kind of business: _____ Employed from: _____ To: _____
 (Show months as well as years)

Base \$ _____
 Bonus \$ _____
 Other \$ _____

Title: _____ Initial compensation \$ _____
 Final total compensation \$ _____

Supervisory Responsibility: _____

Name and Title of immediate supervisor: _____

Contact Phone Number: _____ May We Contact?: _____

Email Address: _____

What (do)(did) you like most about your job?

What (do)(did) you least enjoy?

Reasons for leaving or desiring to change:

B. Firm: _____
Address: _____ Phone: _____

_____ *Street* _____ *City* _____ *State.* _____ *Zip*

Kind of business: _____ Employed from: _____ To: _____
(Show months as well as years)

Base \$ _____

Bonus \$ _____

Other \$ _____

Title: _____ Initial compensation \$ _____

Final total compensation \$ _____

Supervisory Responsibility: _____

Name and Title of immediate supervisor: _____

Contact Phone Number: _____ May We Contact?: _____

Email Address: _____

What (do)(did) you like most about your job?

What (do)(did) you least enjoy?

Reasons for leaving or desiring to change:

C. Firm: _____
Address: _____ Phone: _____

_____ *Street* _____ *City* _____ *State.* _____ *Zip*

Kind of business: _____ Employed from: _____ To: _____
(Show months as well as years)

Base \$ _____

Bonus \$ _____

Other \$ _____

Title: _____ Initial compensation \$ _____

Final total compensation \$ _____

Supervisory Responsibility: _____

Name and Title of immediate supervisor: _____

Contact Phone Number: _____ May We Contact?: _____

Email Address: _____

What (do) (did) you like most about your job?

What (do) (did) you least enjoy?

Reasons for leaving or desiring to change:

OTHER POSITIONS HELD:

	a. Company b. City, State	a. Your Title b. Name of Supervisor	Date (mo. / yr.) a. Began b. Left	Compensation a. Initial B. Final	a. Type of work b. Reason for leaving
D.					
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
E.					
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
F.					
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
G.					
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____

What employers do you not wish to be contacted?

Experience: Additional Information

Please answer the following questions in regards to your previous experience:

1. Have you managed employees before? If so, how many and in what roles? _____

2. Have you managed Subcontractors before? If so, how many and what types of services did they provide?

3. Do you have experience in dealing with supply vendors? If so, please describe that interaction.

4. What languages do you speak? Fluently/Broken/Etc... _____

5. Would you say you are best suited in (1) an administrative, paperwork driven role or (2) a hands on "get it done" role?

6. Are you able and willing to work hours outside of M-F 8 am – 6pm? _____

7. The position requires clearing a national criminal background check, 7 panel drug screen, and numerous safety quizzes. Are you comfortable doing these things in order to move forward? _____

8. Please describe a recent problem you had to overcome and how you went about it. _____

9. What would your customers say about you? _____

10. What would your last two Managers say about you? _____

Membership in professional or job-relevant organizations. (You may exclude groups that indicate race, Color, religion, national origin, disability, or other protected status.)

Publications, patents, inventions, professional licenses, or additional special honors or awards.

What qualifications, abilities, and strong points will help you succeed in this job?

What are your weaker points and areas for improvement?

Professional & Personal References

#1. Name: _____
Relationship: _____
Company: _____
Home Phone: _____
Office / Cell phone: _____
Email address: _____

#2. Name: _____
Relationship: _____
Company: _____
Home Phone: _____
Office / Cell phone: _____
Email address: _____

#3. Name: _____
Relationship: _____
Company: _____
Home Phone: _____
Office / Cell phone: _____
Email address: _____

#4. Name: _____
Relationship: _____
Company: _____
Home Phone: _____
Office / Cell phone: _____
Email address: _____

#5. Name: _____
Relationship: _____
Company: _____
Home Phone: _____
Office / Cell phone: _____
Email address: _____

#6. Name: _____
Relationship: _____
Company: _____
Home Phone: _____
Office / Cell phone: _____
Email address: _____

Other

Do you have the legal right to work for any employer in the United States?
Yes _____ No _____

Do you agree to allow Atlas Facilities Maintenance, Inc. to conduct a criminal background check?
Yes _____ No _____

I certify that answers given in this Personal Career History are true, accurate, and complete to the best of my knowledge. I authorize investigation into all statements I have made on this form as may be necessary for reaching an employment decision.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my Personal Career History or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature _____

Date _____