

Any offer of employment may be conditioned on the Applicant's submitting to and passing a drug/alcohol screen.

The policy of **BSM Facility Services Group Inc.** ("BSM") is to fill every position without regard to race, color, religion, creed, sex, marital status, age, national origin, ancestry, physical or mental disability, medical condition, sexual orientation or any **Employees on the basis of ability, experience, training, and character.**

**Applicant Information (PLEASE PRINT CLEARLY)**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I

Address: \_\_\_\_\_  
Street Apartment/Unit  
 \_\_\_\_\_  
City Stat ZIP Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Referred By: \_\_\_\_\_

Are you a citizen of the United States?  YES  NO If no, are you authorized to work in the U.S.?  YES  NO

Have you ever worked for this company?  YES  NO If yes, when? \_\_\_\_\_

Have you received any traffic citations?  YES  NO If yes, list within last three (3) years?: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

Please list three (3) professional references.

## References

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?    YE    NO  
   

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting    \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?    YE    NO  
   

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting    \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?    YE    NO

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Special Skills & Attributes

Indicate any foreign languages you can speak, read, and/or write: English  Spanish  Other: \_\_\_\_\_

List of certificates or licenses you hold that may help qualify you for employment: \_\_\_\_\_

List of any job-related professional or technical organizations to which you belong: \_\_\_\_\_

## Please tells us

Is there any reason you may not be able to attend work on a regular basis or be to work on time? YES NO  
  If yes, explain: \_\_\_\_\_

What days and hours are you willing to work? \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** BSM considers applications for only a 30-day period.  
If you wish to be considered after 30-days from the day of application, please re-

## For Office Use Only

Call for Interview: YES NO  
  If no, explain why: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Interviewed By: \_\_\_\_\_

Sent Background Screen Date: \_\_\_\_\_ Passed Background Screening: YES NO

I, \_\_\_\_\_ understand and acknowledge the following:  
*Print Full Name*

1. I authorize investigation of all statements contained in this application and any supporting documents. I authorize the Company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided and to allow those parties to provide information concerning my experience. I specifically authorize investigation of my D.M.V. record, criminal record, and consumer credit history.  \_\_\_\_\_  
*Initials*
2. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.  \_\_\_\_\_  
*Initials*
3. If I am offered employment, I will, as a condition of employment, furnish proof that I am over 18 years of age.  \_\_\_\_\_  
*Initials*
4. If I am employed, any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered to be false, will result in my immediate dismissal.  \_\_\_\_\_  
*Initials*
5. I will be required to possess a current and valid California driver's license and be insurable, if my job requires me to drive in the course of my work.  \_\_\_\_\_  
*Initials*
6. I agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Company.  \_\_\_\_\_  
*Initials*
7. I understand that if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period and that my employment may be terminated at any time with or without cause and with or without prior notice. In consideration for employment, I specifically agree that my employment shall be at will. I also understand and agree that, except for the Chief Executive Officer of the Company, no supervisor or manager may alter or amend the above conditions. Only the Chief Executive Officer of the Company has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and then only in writing signed by the Chief Executive and me.  \_\_\_\_\_  
*Initials*
8. I understand that, as a condition of employment, I may be requested to sign a written at will employment agreement which will, among other things, include an agreement to arbitrate all disputes arising out of my employment or the termination of my employment. I agree to do so, if I accept the offer.  \_\_\_\_\_  
*Initials*
9. My signature below and my initials at the end of this paragraph and each paragraph above certify that I have read, understand, and agree to the foregoing and that, to the best of my knowledge and belief, all information I have provided on the application form is true and correct.  \_\_\_\_\_  
*Initials*

Signature:  \_\_\_\_\_

Date: \_\_\_\_\_