



APPLICATION FOR EMPLOYMENT

P E R S O N A L E D U C A T I O N	Last name		First	Middle	Date		
	Street Address				Home Phone () -		
	City, State, Zip				Cell Phone () -		
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year: _____				Social Security Number		
	Position Desired				Pay Expected		
	Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Days/ Hrs Available No Pref _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____				Are you available for overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Can You Work in The US Legally? <input type="checkbox"/> Y <input type="checkbox"/> N				When will you be available to begin work? _____		
	Other special training or skills (languages, machine operation, etc.)				Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	How did you learn of our organization?						
	Can you meet the essential functions of this job, without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please Read Pg 5 Physical Requirements checklist for Service Technicians) Please discuss accommodations necessary if you checked the <u>No</u> box						
SCHOOL		NAME AND LOCATION OF SCHOOL		COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College						<input type="checkbox"/> Yes <input type="checkbox"/> No	
High						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other						<input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST YOUR TRADE LICENSES WITH THEIR EXPIRATION DATES

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS <i>(EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION, OR NATIONAL ORIGIN)</i>

M I L I T A R Y	<i>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</i>	
	Describe your duties and any special training	Branch of Service
		Rank at Discharge

DO NOT ANSWER ANY QUESTIONS IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the questions, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

What was your previous address? _____	How long at present address? _____ years How long at previous address? _____ years
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Do You Have A Current Driver's License? Yes No
 Driver's License # _____ State of Issue _____ Expiration Date _____
 Has your License been revoked or suspended in the past 5 years? Yes No
 Reason _____
 Have you had any accidents while driving a motor vehicle in the past 5 years? Yes No

Have you ever been convicted of a crime in the past seven years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No If yes, describe in full:

State names of relatives and friends working for us other than your spouse.

Please give the name, address and phone number of three references not related to you:

1. _____
2. _____
3. _____

A drug screening will be required prior to being hired. Please sign to acknowledge that you agree with this pre-employment requirement.

Signature _____ Date _____

Any other information you feel pertains to your qualifications for the position:

Application Form Waiver

In exchange for the consideration of my job application by Maitz Home Services (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefits plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of Maitz Home Services, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Maitz Home Services may end the employment relationship at any time, without specified benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as result of such contact.

I also understand that (1) the Company has drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

Furthermore, I have read and am able to perform according to the Physical Requirements Checklist on page 5 relating to job related physical demands, and my continued employment may be based upon the successful passing of job-related physical examination as set forth, reasonable accommodations excepting.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit, records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

Physical Requirements Checklist; Service Technician

Use the following checklists to analyze the demands of this particular job in relation to your capabilities. In order to measure the extent to which an activity is required in for this job, an A,B,C or N/A is placed in each designated blank as follows:

- A - Minor - Activity or condition exists less than 20% of work time.
- B - Moderate - Activity or condition exists between 21-60% of work time.
- C - Major - Activity or condition exists 61% or more of work time.
- N/A - Not applicable

If you are unable to meet the physical demand requirement for any of the following job functions, please circle the function you are unable to meet:

Function		Code	Function	Code
Standing		B	Reaching	C
Walking		C	Handling	C
Sitting		A	Fingering	B
Climbing Stairs		C	Feeling	A
Climbing Ladders		A	Throwing	N/A
Lifting	100lbs	A	Eye-Hand Coordination	C
Carrying	50lbs	C	Eye – Foot Coordination	C
Pushing	250lbs	B		
			Verbal Communication	C
Kneeling		B		
Crouching		C	Hearing- Ordinary	C
Crawling		A		
Turning/ Twisting		C	Seeing- Near	C
Bending at Waist		C	Seeing- Far	B
			Depth Perception	B
Working Inside		C	Color Vision	A
Working Outside		B	Field of Vision	C
Working Temperature <30 deg		A	Fumes	A
Working Temperature 31-80		C	Odors	B
Working Temperature 81-100		A	Mists	A
			Dust	B

PHYSICAL DEMAND

FOR EMPLOYERS USE ONLY

	EMPLOYER	PERSON CONTACTED	RESULTS
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R E F E R E N C E C H E C K	1		
	2		
	3		
	4		
	5		

T E S T R E S U L T S	TESTS ADMINISTERED	RAW SCORE	RATING	ANALYSIS AND COMMENTS

I N T E R V I E W R E S U L T S	INTERVIEWER NAME AND COMMENTS