



Are you available to work: Full Time

Phone: 501.758.2404 Fax: 501-758-3583 Toll Free: 800.505.0621

24-Hour Service Phone: 800.759.4370

advantageserviceco.com

Application for Employment

(Please Print) Position(s) applied for: ______ Date of Application: _____ _____E-mail:_______ Address: ______ State: ____ Zip: ___ City: _____ State: ____ Zip: ___ Cell Phone: _____ DL #: __ State: ____ Relationship: _____ Emergency Contact: ______ ___ Contact Phone: ______ Are you eligible to work in the U.S.? ____Yes ___ No If you are under 18 years of age, can you provide required proof of eligibility to work? _____Yes Have you ever filed an application with us before? ____Yes ____No If yes, when? _____ Are you currently employed? ____Yes ___ No May we contact your present employer? ____Yes ____No Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? Proof of citizenship or immigration status will be required upon employment. Are you currently on "lay-off" status and subject to recall? ____Yes ____No Can you travel if a job requires it? Have you been convicted of a felony within the last seven years? ____Yes ____No Conviction will not necessarily disqualify an applicant from employment. If yes, please explain: ____ On what date would you be available for work? _____ Salary Desired: ____

Part Time

Shift Work

Temporary

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may

exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status. Employer: _____ Position Held: _____ Address: _____ State: ___ Zip: ____ Telephone Number: ______ Supervisor: _____ Dates Employed: From _____ To ____ Hourly Rate/ Salary: Starting _____ Ending Work Performed: Reason for Leaving: Employer: ______ Position Held: _____ Telephone Number: _____ Supervisor: _____ Dates Employed: From _____ To ____ Hourly Rate/ Salary: Starting _____ Ending ____ Work Performed: Reason for Leaving: Employer: ______ Position Held: _____ Address: _____ City: _____ State: ____ Zip: _____ Telephone Number: ______ Supervisor: _____ Hourly Rate/ Salary: Starting _____ Ending Dates Employed: From ______ To _____ Work Performed: Reason for Leaving.

Education

High School:		_ Years Completed:			
City/State:	Diploma/GED:				
College:		Years Completed:			
City/State:	Degree:				
Course of Study:					
Vo-Tech:					
City/State:	Degree:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:					
Honors Received: State any additional information you feel may be helpful to us in considering your application.					
List Professional, trade, business or civic activities and offices held: You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.					
Licenses					
HVAC:					
Electrical:					
Plumbing:					
Other:					

References

Business References: Please include cell number, address, and length of relationship. 1. Name: _____Email: ____ Cell Number: _____ Length of Relationship: ____ Where did you work with this person?_______ 2. Name: ______ Email: _____ Cell Number: _____ Length of Relationship: ____ Where did you work with this person? ______ **Hobbies Applicant's Statement** I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer. Signature of Applicant: ______ Date: _____ Advantage Service Company is an Equal Opportunity Employer and considers qualified applicants for employment without regard to race, color, creed, religion, national origin, sex, sexual orientation, gender identity and expression, age, disability, veteran status, or any other protected factor. For Personnel Department Use Only: Arrange Interview: ____ Yes ____ No Employed: _____ Yes _____ No Date of Employment: _____ Job Title: _____ Hourly Rate/Salary: _____



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PERSONAL DATA REQUESTED FOR AUTHORIZED BACKGROUND CHECKS

PLEASE PRINT CLEARLY

Last Name	First Name		Middle Name		
Date of Birth	Social Security Nur	Social Security Number		Driver's License # & State	
Current Address	City	State	Zip	 Dates Lived Here	
Addresses for the Past Sev	en Years: (include street, city,	state, zip code)	Date	es of Residence (from-to):	
Other Names Used (include	ing maiden name)			Years Used	
Email address (may be use	d for official correspondence))			
By signing below, you are and correct.	authorizing background che	cks and certifying	that the	above information is true	
Signature				Date	



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AUTHORIZATION AND RELEASE OF BACKGROUND INFORMATION

Pursuant to the federal Fair Credit Reporting Act (FCRA), I hereby authorize Advantage Service Company, and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of social security number; current and previous residences; employment history, education, references; credit history (if applicable to position), including records from any criminal justice agency, sexual offender registry, in any or all federal, state or county jurisdictions; motor vehicle records and other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my personal data, including sex, race and date of birth to adequately complete said screening and acknowledge that my personal data will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Advantage Service Company or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release Advantage Service Company or its designated agents, or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it, and in any interviews, will be sufficient grounds for rejection of employment and my discharge after employment.

I understand that, pursuant to the federal FCRA, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be mailed to me via U.S. mail at the address provided.

Printed Name Applicant Signature Date



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Former Employer's Release Consent						
ı, h	ereby give consent to any and all	prior employers of mine to provide				
information with regard to my employment with Advantage Service Company. The Arkansas General Assembly						
in compliance with the Quality in Hiring Act, Act #1474, approves this request in July 1999.						
Signed		Dated				
Driving Records						
I give my permission to Advantage Service Company to obtain my driving record for the purpose of employment.						
Printed Name	Signed	Dated				
Date of Birth		Driver's License Number				
Drug Test & Background Check Consent						
I,, hereby agree to take a drug test before employment and take part in the						
Advantage Service Company Drug Program. I also am aware that Advantage Service Company performs						
background checks on prospective em	ıployees.					
Signed		Dated				