



ISS Facility Services

HBU _____

AN AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYER

Personal History

Last Name: _____ First Name: _____ MI: _____ SSN _____

Street Address: _____ Apt: _____ Cell / Primary Phone: _____

City, State, Zip: _____ Home / Secondary Phone: _____

Emergency Contact Name and Phone Number: _____ Email Address: _____

What position(s) are you applying for? _____ Full Time Part Time

Have you previously been employed with ISS? Yes No Are you 18 years of age or older? Yes No

Are you legally authorized to work in the us? Yes No

Are you related to an ISS Employee? _____

Highest Level of Education: _____ Military Status: _____

College GED Reserves Disable Vet

High School None Veteran

Technical/Vocational School Vietnam Veteran

Licenses and/or certifications: _____

Skills and Equipment? _____

Past Employment

Employer: _____ Job Title: _____

Address: _____ Responsibilities: _____

Supervisor: _____ Phone: _____

Ending Salary: _____

Employer: _____ Job Title: _____

Address: _____ Responsibilities: _____

Supervisor: _____ Phone: _____

Ending Salary: _____

Employer: _____ Job Title: _____

Address: _____ Responsibilities: _____

Supervisor: _____ Phone: _____

Ending Salary: _____

Please Read Carefully

It is the policy of ISS Facility Services Inc. (ISS) to afford equal employment opportunity to all qualified applicants and employees without regard to race, religion, age, sex, color national origin, physical or mental handicap, or status as a disabled veteran of the Vietnam Era. This policy applies to all conditions, circumstances and privileges of employment, including but not limited to the following: hiring, upgrading, demotion, transfer, layoff or termination, rate of pay or other compensation, recruitment and recruitment advertising, and selection for training, including apprenticeship, and on-the-job training.

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may result in my dismissal at any time. ISS is authorized to investigate my personal history and financial and credit records through any agency of its choice.

I understand that proof of authorization for employment under the Immigration Reform and Control Act of 1986 is required before employment.

I understand that neither ISS acceptance of this application nor any future employment shall become the basis for or form any part of contract employment. ISS Facility Services Inc. is an "at will" employer. You may resign at any time for any reason and ISS specifically reserves the right to terminate any employee for any reason at will at any time in accordance with state and federal law.

I HAVE READ, FULLY UNDERSTAND AND AGREE TO COMPLY WITH ALL CONDITIONS STATED IN THIS EMPLOYMENT APPLICATION.

Applicant Signature

Date

EMPLOYMENT CANDIDATE CONSENT TO BACKGROUND SEARCH AND INVESTIGATION

CONSUMER NOTIFICATION: This is to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment, and/or retention as an employee. The report may include, among other items, criminal background information, confirmation of your educational and employment history, an investigative consumer report (for which you may request a disclosure of nature and scope) as to your work performance, and confirmation of any references provided.

The undersigned hereby authorizes ISS, CORPORATE (hereinafter referred to as "Employer") and/or its agents to make an investigation of my background, references, character, employment, credit, motor vehicle, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained in my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

In the event of my employment by Employer, this authorization shall remain in effect for the duration of such employment. Prior to taking adverse action as a result of any investigations resulting from this authorization, Employer shall provide to me a copy of the consumer report or investigative consumer report which caused such adverse action and a summary of my rights under the Fair Credit Reporting Act.

I release Employer and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above-referenced sources.

Please type or print legibly, black ink only.

True and Complete

Legal Name: First _____ Middle _____ Last _____

Maiden or Other Names Used: _____ Dates Used: _____

Present Street Address: _____ Dates of residence (e.g. 1998 to 2000): _____ to _____

City: _____ County _____ State: _____ Zip: _____

Other cities and states lived in during the past seven years:

City: _____ State: _____ Dates of residence: _____ to _____

City: _____ State: _____ Dates of residence: _____ to _____

City: _____ State: _____ Dates of residence: _____ to _____

City: _____ State: _____ Dates of residence: _____ to _____

Driver's License Number: _____ State of Issue: _____

Date of Birth: _____ Social Security Number: _____

Signature: _____ Date: _____

Note: The above information is required to ensure positive identification and is in no manner used as qualification for employment. California, Minnesota, and Oklahoma applicants check this box if requesting copy of report be sent to address above.

For privacy policy, see FAQ tab at www.pre-employment.com.

ISS, CORPORATE REQUEST FOR PROCESSING

Employment verification Number of employers to verify _____

Professional reference Number of references to interview _____

Criminal History, County Jurisdictions

Criminal History, Federal District

Credit History

Education Verification

Professional License Verification

Motor Vehicle Record

SSN+ trace, auto-search developed counties

If relevant to request, include job history, reference names and tel numbers, and educational background.

Recruiter Name: _____

Department: _____

ClientID: _____

Enter order online at DV2® or fax to:

877-735-9559 or 210-829-5556

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