



Facility Services

Application For Employment

EES Facility Services
17 Creston Avenue
Dayton, OH 45404
Phone (937) 228-6492
Fax (937) 228-8994
www.eesfacilityservices.com

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or disability.

Complete and Forward to
pam@eesfacilityservices.com

Date of Application _____

*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 this time.

How did you learn about us?

- Advertisement
 Friend
 Walk-In
 Employment Agency
 Relative _____
 Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip
Telephone Number(s) Circle HOME CELL		Email

Are you 18 years of age or older? Yes No

Are you legally entitled to hold employment of the kind for which you are applying in the United States?
(Proof of citizenship or immigration status will be required upon employment) Yes No

EMPLOYMENT DESIRED

POSITION(S)	DATE YOU CAN START	COMPENSATION DESIRED	FULL OR PART TIME?
ARE YOU EMPLOYED NOW?	WHERE?		MAY WE CONTACT YOUR PRESENT EMPLOYER?
Are you currently on "lay-off" status and subject to recall?		Can you travel if a job requires it?	
Have you ever been employed with us before? If Yes, Give Date _____		Have you ever filed an application with us before? If Yes , Give Date _____	

EDUCATION

	Name and Location Of School	No. of Years Attended	Subjects Studied and Degree Received	Did you Graduate?
High School				
Undergraduate College				
Graduate Professional				
Trade, Business, Other School				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. *You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.* If you need additional space, please continue on a separate sheet of paper.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Job Title	Supervisor		
Reason for Leaving			

ADDITIONAL INFORMATION

Describe any specialized training, apprenticeship, and job specific skills that you have which relate to the job for which you are applying.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

REFERENCES

NAME	ADDRESS/TELEPHONE	POSITION/BUSINESS	YEARS KNOWN

Please write why you would like to obtain employment with EES. Also, state any additional information you feel may be helpful to our considering your application.

APPLICANT’S STATEMENT – READ CAREFULLY BEFORE SIGNING

I certify that answers given herein are true and complete to the best of my knowledge. 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 this application becomes a part of my official employment record. I understand, also, that I am required to abide by all rules and regulations of the employer.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release all parties from liability for any damage that may result from furnishing the same to you. I also authorize you to obtain information regarding my record from the bureau of motor vehicles if the job for which I am applying will require driving as a part of my job duties.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

READ, UNDERSTOOD AND AGREED

Signature of Applicant

Date

CONSENT & RELEASE FORM FOR EMPLOYEES/APPLICANTS

I, _____, (applicant or employee name), as an employee/applicant of the Company, hereby acknowledge that the Company’s policy requires me to submit to urine drug testing and/or breath alcohol testing. I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system. I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program.

I hereby and herewith release Environmental Engineering Systems, its employees, agents, and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor’s Medical Review Officer (MRO), and/or the Company’s examining physician, as provided by the Company’s Policy.

I further acknowledge that the Company has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Applicant Signature: _____ Applicant Name: _____

Signature of Witness: _____ Name of Witness: _____

Date of Signatures: _____

DFWP.CONSENT&RELEASE

Revised 02/15/22