

Xencom Facility Management, LLC

Internal Office use only:
Location: _____
Kronos # _____

Personal Information

Application for Employment

Name _____	Social Security No. _____	TDL or ID No. _____
Street Address _____	Apt. No. _____	City _____ State _____ Zip _____
Home Phone _____	Name and phone no. of person to notify in case of emergency _____	
Education (highest level completed) _____	Position Desired _____	Date Available _____ Wage Desired _____
Reference _____	Phone No. _____	Reference _____ Phone No. _____
YES <input type="checkbox"/> NO <input type="checkbox"/> Are you related to anyone who currently works for Xencom Facility Management?		

Employment History

Month and Year	Name of Employer	Phone No.	Wage	Reason Left	Contact	Eligible for Rehire
From _____ To _____						
From _____ To _____						
From _____ To _____						

INITIAL EACH PARAGRAPH IF YOU UNDERSTAND AND AGREE TO THE TERMS OF THE PARAGRAPH

Job Description

I understand I am applying for a position where essential functions of the job require the repeated lifting of up to 50 pounds and prolonged standing and walking. I certify that I am physically able to perform these essential functions.

Employee Handbook

I understand that it is my responsibility to read and understand the Company's Employee Handbook and to comply with all Xencom Facility Management policies, rules and regulations.

Uniforms

I understand that I will be issued shirts and/or a jacket. I authorize the Company to deduct from my paycheck \$16.00 per shirt and \$45.00 per jacket for any unreturned items.

Equipment and Radios

I understand that I may be assigned to operate powered equipment and/or a radio during hours worked. I understand that if I fail to operate the equipment safely and cause damage to the mall and/or equipment I may be charged for the amount of damages or loss and/or be terminated.

Drug and Alcohol Use and Screening Policy

I certify that I do not use any type of illegal drugs. I understand that I may be required at any time during my employment to submit to blood and/or urinalysis test(s) to determine the presence of drugs or alcohol and that my submission to such a test is a condition of my employment with the Company. I understand that testing positive for illegal drugs and/or the abuse of legal drugs or alcohol or the refusal to a test is reason for discharge.

Safety/Uniforms

I understand that I am expected to wear non-slip resistant shoes to work as part of my uniform and will follow all safety procedures and protocols.

Arbitration

I understand and agree that if I am employed by the Company then any controversy, dispute or claim between the Company and me, except to matters involving criminal conduct or disclosure of proprietary information belonging to the Company, will be settled by final and binding arbitration in accordance with the Employment Arbitration Rules of the American Arbitration Association. I understand and agree that both the Company and I will have the right to pursue the same damages in arbitration that could be obtained in court. I understand that the arbitration will be held either in the city where I worked or in Dallas, Texas.

Investigation/Accurate Information/Employment at Will

The company will investigate the information you submit in this application. I understand that a misrepresentation or omission in the information I provide in my application is cause for dismissal. Further, I understand and agree that my employment is for no definite period and I may be terminated at any time without previous notice.

Date _____ Signature _____

Interviewed Date	Interviewed by	Full or Part-Time	Hired Date	Position	Wage

We are an equal opportunity employer dedicated to a policy of non-discrimination, on any basis including race, color, age, sex, religion or nationality