

Personal Information
Please Print

PondSCO Facility Services, LLC
Application for Employment

Interviewed By: _____
Location: _____
Employee# _____

First Name: _____ Middle Name: _____ Last Name: _____
 Social Security: _____ DL or ID No: _____
 Street Address: _____ Apt. #: _____ City: _____ State: _____ Zip: _____
 Phone No.: _____ Education (highest level completed): _____ Position Desired: _____
 Date Available: _____ Wage Desired: _____ Emergency Contact (Name & Number): _____
 Reference: _____ Phone No: _____ Reference: _____ Phone No: _____
 Are you related to anyone who currently works for PondSCO Facility Services? YES _____ NO _____
 Name of employee (if YES): _____ Relationship (if YES): _____

Employment History

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

"√" and "X" are NOT permitted
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 PondSCO Facility Services policies, rules and regulations.
- Uniforms
I understand that I will not be permitted to work unless I am in full compliance with the uniform requirements. I further understand that I will be charged for unreturned items per the uniform agreement.
- Equipment and Radios
I understand that I may be required to operate certain equipment items during my employment and take full responsibility for the use, care and control of assigned items. I further understand that I may be terminated and/or charged for any damage/loss caused by unsafe or careless operation of equipment.
- Drug and Alcohol Use and Screening Policy
I certify that I do not use any form of illegal drug(s). I understand that I may be tested for the presence of drug(s) and/or alcohol via blood or urinalysis at any time during my employment. Testing positive for illegal substances or working under the influence of any substance that could cause any type of impairment is grounds for immediate termination.
- Arbitration
I understand and agree that any controversy, dispute or claim, 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
I understand that the information provided in this application will be verified and any misrepresentations or omissions will be grounds for immediate termination.

Application Date _____ Signature _____



DISCLOSURE AND AUTHORIZATION

This form has been provided to me as notification that Pondsco Facility Services, LLC (the "Employer") may obtain information about me from a third party entity for employment purposes to the extent permitted by law.

I authorize the Employer and its authorized agents to obtain consumer reports on me for employment purposes. I understand that the Employer may request investigative consumer reports that will include information as to my character, general reputation, personal characteristics, and mode of living, including but not limited to information regarding my driving record, previous employment, workers' compensation injuries, court/criminal record, education, credit, and references. I authorize any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company to furnish information requested by the Employer and/or a consumer reporting agency.

Print Full Name-(First, Middle, Last)

Signature

____/____/____
Date Today's: MM/DD/YYYY

Social Security #

____/____/____
Date of Birth: MM/DD/YYYY

Gender & Race
(Required by certain states to obtain information)

STOP!

If you will not be driving for the company, do not continue below

NOTE: Please complete the section below only if driving is part of the job description. The employee must have a valid Driver License and Auto Insurance. If so, also include the following;

- Copy of Current driver's license
- Copy of Current personal auto insurance in their name or listed as an additional driver

DRIVER LICENSE #

STATE