



APPLICATION FOR EMPLOYMENT

Performance Environmental Services, LLC
800-899-3597 www.performancesvc.com

We are an Equal Opportunity Employer . All qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, or the presence of a non-job restricting medical condition or handicap.

DATE:	FIRST NAME	LAST NAME, MIDDLE INITIAL

SOCIAL SECURITY #:	DATE OF BIRTH:	DRIVER'S LICENSE # & STATE ISSUED:	PHONE NUMBER(S):

ADDRESS (OF AT LEAST 1 YEAR):	CITY	STATE	ZIP

PREVIOUS ADDRESS (IF AT ABOVE ADDRESS LESS THAN 1 YR):	CITY	STATE	ZIP

EMPLOYMENT ELIGIBILITY

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO IF NO, PLEASE DESCRIBE YOUR WORK AUTHORIZATION DOCUMENTS BELOW

DOCUMENT NAME:	Doc #:	Expire Date:

HAVE YOU WORKED FOR US BEFORE? YES NO IF YES, EXPLAIN HOW DID YOU HEAR ABOUT THE COMPANY OR THIS JOB?

HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE LAST 10 YEARS? YES NO IF YES, PLEASE INDICATE THE YEAR, AND EXPLAIN

WHAT POSITION(S) ARE YOU APPLYING FOR?

WHEN ARE YOU AVAILABLE TO WORK? (CHECK ALL THAT APPLY) FULL TIME PART TIME 1ST SHIFT 2ND SHIFT 3RD SHIFT

REQUIRED SKILLS & ABILITIES

THIS JOB MAY REQUIRE ONE OR MORE OF THE FOLLOWING TASKS: (A) WALKING, STANDING OR SITTING FOR PROLONGED PERIODS (B) LIFTING OBJECTS UP TO 50LBS (C) BENDING, TWISTING, PUSHING, PULLING (D) REPETITIVE MOVEMENTS (E) USE OF HEAVY EQUIPMENT (F) USE OF LIGHT EQUIPMENT (G) USE OF ELECTRICAL OR AIR POWERED EQUIPMENT (H) USE OF PROTECTIVE EQUIPMENT SUCH AS GLOVES, GOGGLES, AND RESPIRATORS (I) USE OF CHEMICALS (J) OPERATING A MOTOR VEHICLE (K) USE OF COMPUTERS (L) READING AND/OR FILLING OUT FORMS & DOCUMENTS IN ENGLISH (M) INTERACTION WITH CUSTOMERS AND CO-WORKERS VIA PHONE OR IN PERSON IN ENGLISH (N) WORKING IN A PROFESSIONAL ENVIRONMENT (O) INDEPENDENT DECISION MAKING (P) TRAVELING DAILY TO REMOTE LOCATIONS (Q) USE OF TELEPHONES (R) WORKING IN AN OUTDOOR ENVIRONMENT

WOULD YOU ABLE TO PERFORM ALL OF THESE TASKS IF REQUIRED? YES NO IF NO, PLEASE INDICATE (USING THE LETTER CODES) WHICH WOULD BE PROBLEMATIC FOR YOU, YOU MAY ALSO EXPLAIN FURTHER IF YOU WISH:

WHAT LANGUAGE(S) CAN YOU SPEAK & UNDERSTAND? IN WHAT LANGUAGE(S) CAN YOU READ AND WRITE?

EDUCATIONAL BACKGROUND

DO YOU POSSESS A HIGH SCHOOL DIPLOMA? YES NO IF NO, DO YOU POSSESS A G.E.D.? YES NO
IF YES, PROVIDE SCHOOL NAME & LOCATION IF YES, PROVIDE NAME & LOCATION OF ISSUING AUTHORITY

PLEASE LIST ANY ADDITIONAL SCHOOLING (COLLEGE), DEGREES YOU MAY HAVE, OR CERTIFICATIONS, LICENSES ETC.

PLEASE LIST ANY ASSOCIATIONS, GROUPS, CLUBS, ORGANIZATIONS, ETC. THAT YOU BELONG TO THAT MAY BE RELEVANT TO THIS POSITION

EMPLOYMENT HISTORY & REFERENCES

PREVIOUS EMPLOYER/COMPANY NAME & ADDRESS		JOB TITLE
DATES OF EMPLOYMENT (FROM-TO)	REASON FOR LEAVING	SUPERVISOR'S NAME/NUMBER
	<input type="checkbox"/> LAID OFF <input type="checkbox"/> TERMINATED <input type="checkbox"/> QUIT	

PREVIOUS EMPLOYER/COMPANY NAME & ADDRESS		JOB TITLE
DATES OF EMPLOYMENT (FROM-TO)	REASON FOR LEAVING	SUPERVISOR'S NAME/NUMBER
	<input type="checkbox"/> LAID OFF <input type="checkbox"/> TERMINATED <input type="checkbox"/> QUIT	

PREVIOUS EMPLOYER/COMPANY NAME & ADDRESS		JOB TITLE
DATES OF EMPLOYMENT (FROM-TO)	REASON FOR LEAVING	SUPERVISOR'S NAME/NUMBER
	<input type="checkbox"/> LAID OFF <input type="checkbox"/> TERMINATED <input type="checkbox"/> QUIT	

PERSONAL REFERENCES

NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE
NAME	RELATIONSHIP	PHONE

AFFIRMATIVE ACTION SURVEY

GOVERNMENT AGENCIES REQUIRE PERIODIC REPORTS ON THE SEX, ETHNICITY, HANDICAPPED AND VETERAN STATUS OF APPLICANTS. THIS DATA IS FOR THE ANALYSIS AND AFFIRMATIVE ACTION ONLY. SUBMISSIONS OF ANY OF THE INFORMATION BELOW IS VOLUNTARY, AND SUCH INFORMATION SHALL NOT BE USED IN ANY WAY IN CONNECTION WITH ANY EMPLOYMENT DECISION.

NAME: _____ MALE FEMALE

PLEASE CHECK ONE: WHITE BLACK HISPANIC ASIAN/PACIFIC ISLANDER AMERICAN INDIAN/ALASKAN NATIVE

PLEASE ALL THAT APPLY: VETERAN OF FOREIGN WAR DISABLED VETERAN DISABLED/HANDICAPPED INDIVIDUAL

APPLICANT'S AUTHORIZATION & RELEASE FOR BACKGROUND CHECK

I, THE UNDERSIGNED, AS A CONDITION OF MY APPLICATION FOR EMPLOYMENT, HEREBY AUTHORIZE AND GRANT PERMISSION TO PERFORMANCE ENVIRONMENTAL SERVICES, LLC, OR ITS AGENTS ("THE COMPANY"), TO PERFORM ANY AND ALL BACKGROUND AND/OR HISTORY CHECKS IT MAY DEEM NECESSARY TO VERIFY MY ELIGIBILITY FOR EMPLOYMENT USING THE INFORMATION I HAVE PROVIDED ON THIS "APPLICATION FOR EMPLOYMENT". I UNDERSTAND THAT IF I SHOULD BEGIN WORKING FOR THE COMPANY BEFORE SUCH BACKGROUND CHECK(S) ARE PERFORMED, AND THE INFORMATION THEREFROM OBTAINED AND/OR REVIEWED, THAT MY EMPLOYMENT WITH THE COMPANY SHALL BE CONSIDERED TEMPORARY & PROBATIONARY UNTIL SUCH TIME AS THE CHECK(S) ARE OBTAINED AND THE INFORMATION REVIEWED. I FURTHER UNDERSTAND THAT I MAY BE TERMINATED UPON RECEIPT OF AN UNSATISFACTORY REPORT. I UNDERSTAND THAT IF I WISH TO CONTEST THE INFORMATION OBTAINED BY THE COMPANY, THAT I MAY DO SO AT MY OWN EXPENSE.

APPLICANT'S SIGNATURE AUTHORIZING USE OF INFORMATION PROVIDED: _____

AGREEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE, ACCURATE 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.
IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN IMMEDIATE DISCHARGE.
I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

OFFICE REVIEW & APPROVAL

_____ 1ST INTERVIEWED BY & DATE	_____ 2ND INTERVIEWED BY & DATE	_____ HIRE APPROVED BY & DATE
<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY	<input type="checkbox"/> APPROVE <input type="checkbox"/> DENY