



ServiceMaster Services, Inc.
APPLICATION FOR EMPLOYMENT

Date _____

Please Print Clearly

Name _____
Last First Middle "Nickname"

Current Address _____
Street City State Zip How Long?

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail _____ If under 18, please list age _____

Have you ever worked for this company before? () Yes () No If so, when? _____

Have you ever applied to this company before? () Yes () No If so, when? _____

Are you authorized to work in the United States? () Yes () No

Employment desired: () Part-Time Day () Part-Time Evening () Full Time

Position applying for: _____ Start Date: _____ Wage Desired: _____

How or where did you hear about the position for which you are applying? Check all that apply.

- () Snag A Job () Indeed () ServiceMaster employee
() Craigslist () Recruiting flyer () ServiceMaster website
() Other. Please describe _____

EDUCATION Are you in school now? () Yes () No () Part-time () Full-time

Table with 5 columns: Type of School, Name & Location, Years Completed, Degree/Certificates, Subjects Studied. Rows include High School, Technical/Trade, College, and Other.

REFERENCES Please list two people other than supervisors or relatives

Table with 4 columns: Name, Place of Employment/Position, Phone No., Years Known. Two empty rows for data entry.

EMPLOYMENT HISTORY

Please list your most recent employment first

<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Position	
Employer Name		Wage or Salary	
Address		Primary Duties	
Supervisor Name		Hours worked	
Supervisor Phone Number		Employed From-To:	
Reason for Leaving			

<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Position	
Employer Name		Wage or Salary	
Address		Primary Duties	
Supervisor Name		Hours worked	
Supervisor Phone Number		Employed From-To:	
Reason for Leaving			

<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Position	
Employer Name		Wage or Salary	
Address		Primary Duties	
Supervisor Name		Hours worked	
Supervisor Phone Number		Employed From-To:	
Reason for Leaving			

<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Position	
Employer Name		Wage or Salary	
Address		Primary Duties	
Supervisor Name		Hours worked	
Supervisor Phone Number		Employed From-To:	
Reason for Leaving			

1. Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

2. Have you ever been terminated from a job? _____ Yes No

Employer Name
Date

3. Have you ever worked with someone who took money or merchandise? Yes No
Please explain. _____

4. What would you do if you knew a fellow employee was stealing from the company?
 Keep quiet Tell a fellow employee Tell your supervisor

5. ServiceMaster Services, Inc. is a Drug Free Workplace and may test its applicants as a condition of employment. Is there a chance that a drug test may indicate recent drug use on your part? Yes No

6. What would you do if you saw a fellow employee using illegal drugs on the job?
 Keep quiet Tell a fellow employee Tell your supervisor

7. Have you been convicted or paid a fine for any traffic violations in the past three years? * Yes No

8. Have you ever been convicted of anything other than traffic violations mentioned above? * If yes, please explain. Yes No

We conduct background checks which include traffic infractions and criminal convictions
Convictions do not necessarily bar you from employment

9. Have you ever received warnings from a previous employer for unlawful harassment, including sexual harassment? Yes No

10. Use the space below to summarize any additional information you would like to share to add to your qualifications for the position for which you are applying.

I understand and agree that the information in this application is true to the best of my knowledge and that my misrepresentation or material omission of information will be sufficient cause for elimination from employment consideration. I also understand that if I am hired, the discovery of my misrepresentation or material omission of information may result in termination.

I authorize ServiceMaster Services, Inc. (the Company) to contact, obtain, and verify the accuracy of information contained in this application from all previous employers (unless otherwise indicated), schools, and references. I also hereby release from liability the Company and its representatives for seeking, gathering and using such information to make employment decisions and all other persons or organizations for providing such information.

Neither this application nor any Company documents shall serve to create an actual or implied contract of employment. Employment with ServiceMaster is an at-will relationship in which either the Company or the employee can terminate the employment relationship without notice or reason, at any time, as long as there is no violation of applicable federal or state law.

I further agree that I will abide by all rules, regulations and policies of the Company and that failure to do so may be cause for termination.

I understand that as a condition of employment I will be required to establish both identity and employment eligibility upon accepting a position and before reporting to work. In addition, failure to maintain employment eligibility shall result in termination of employment.

I also understand that it is the policy of the Company to maintain a Drug Free Workplace. I agree to abide by the company's drug policy which may include pre-employment testing as well as testing while employed and understand that passing of testing under this policy is a condition of employment.

Signature of Applicant _____ Date _____

ServiceMaster Services, Inc. is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.



Fair Credit Reporting Act Disclosure and Authorization

Applicant's Information:

Printed Name of Applicant

Maiden Name/AKA (if applicable)*

Gender*

Male

Female

Social Security Number*

Date of Birth*

Current Street Address

City, State, Zip Code

Driver's License Number and State of Issue*

* The identifying information you provide will be used SOLELY for the purpose of identifying or eliminating possible records revealed during the background review and will not be used in any way in making an employment or assignment decision.

IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING:

For the purpose of evaluating my application for employment or assignment, I understand *ServiceMaster Services, Inc.* may obtain or have prepared a consumer report or investigative consumer report concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background record, driving record or mode of living.

I understand that upon written request to *ServiceMaster Services, Inc.*, I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of this investigation. I understand that an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends or associates with whom I am acquainted.

By signing below, I am authorizing *ServiceMaster Services, Inc.* to obtain a consumer or investigative consumer report on me as part of the screening process for employment or assignment. During the period in which I retain employment or assignment, I further authorize *ServiceMaster Services, Inc.* to obtain additional consumer or investigative consumer reports on me for employment purposes at any time during my employment.

By signing below, I also acknowledge that *ServiceMaster Services, Inc.* has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

Applicant's Signature

Date Signed

**** APPLICANT – PLEASE DO NOT WRITE BELOW THIS LINE ****

Hiring Manager _____

Department/Building _____

Social Security Number Trace: () Verified () Failed

Do Not Hire Check: () Passed () Failed

Criminal Background Check: () No Records Found () Records Found/Passed () Records Found/Failed

() Other reports required. If so, outline report requirements: _____

Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed bankruptcy—1.creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 USC §§1681-1681u, at the Federal Trade Commission web site (<http://www.ftc.gov>) The FCRA gives you specific rights as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance or employment—must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs—to which it has provided the data—of an error.) the CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who recently received your report be notified of the change.
- Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information.** If you tell anyone—such as a creditor who reports to CRA—that you dispute an item they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported.** In most cases, a CRA may not report negative information more than 7 years old; 10 years for bankruptcies.
- Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA—usually to consider are application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. The FCRA gives several different federal agencies authority to enforce the FCRA.

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors, and others not listed below	Federal Trade Commission, Consumer Response Center – FCRA Washington DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency, Compliance Management, Mail Stop 6-6, Washington DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board, Division of Consumer & Community Affairs Washington DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “FSB” appear in federal institution’s name)	Office of Thrift Supervision, Consumer Programs Washington DC 20552 8 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration, 1775 Duke Street Alexandria, VA 22314 8 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation, Division of Compliance & Consumer Affairs, Washington DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington DC 20250 * 202-720-7051
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture, Office of Deputy Administrator – GIPSA Washington DC 20250 * 202-720-7051