

Personal Information
Please Print

Xencom Facility Management, LLC
Application for Employment

Interviewed By: _____
Location: _____
PayChex # _____

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 _____ **WageDesired** _____ **Emergency Contact (Name & Number):** _____
Reference _____ **PhoneNo.** _____ **Reference** _____ **PhoneNo.** _____
Are you related to anyone who currently works for Xencom FacilityManagement? 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						

INITIAL EACH PARAGRAPH "✓" and "X" are NOT permitted 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 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 Xencom Facility Management, 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