

APPLICATION FOR EMPLOYMENT

To Be Completed in Ink

| General Information | | | |
|--|-------|--|-----------------------------------|
| What positions are you applying for? Give title and announcement # (if any). | | Are you able to meet the attendance requirements of the positions? | |
| Full Name (First, Middle Initial, Last) | | | Social Security Number (optional) |
| Mailing Address | | Phone # | Work or Cell # |
| City | State | Zip Code | Best time to reach you |

| Eligibility Requirements |
|---|
| US citizens or Permanent resident aliens who are legally entitled to work in the US are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the US? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Availability | | |
|--|--|--|
| When can you start work? ____ / ____ / ____ (Month) (Day) (Year) | What is the lowest pay you will accept? | Are you willing to accept a seasonal/temporary job that will last an indeterminate length of time? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you willing to work 40 hours a week? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you willing to work a schedule that varies from week to week depending on the weather? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you willing to travel and/or spend nights away from home on occasion? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Professional Licenses, Certificates or Registrations |
|---|
| What registrations, certificates, and licenses under ENVIRONMENTAL HAZARDS do you hold? Check all that apply. |

- | | |
|---|---|
| <input type="checkbox"/> Physical (physician's written statement including a non-dot physical, pulmonary function test w/ Osha questionnaire, and chest x-ray.) | <input type="checkbox"/> Scissor Lift Certificate |
| <input type="checkbox"/> TDSHS Asbestos Worker Training & License | <input type="checkbox"/> Air Lift Certificate |
| <input type="checkbox"/> TDSHS Asbestos Supervisor License | <input type="checkbox"/> Fork Lift Certificate |
| <input type="checkbox"/> OSHA Training | <input type="checkbox"/> Man Lift Certificate |
| <input type="checkbox"/> HAZWOPER | <input type="checkbox"/> Boom Lift Certificate |
| <input type="checkbox"/> TDSHS Lead Training & License | |

Applicant's Name _____

List each of your employers for the past 5 years, starting with your last employer. Fill in as much information as you can. If you need more space, use a plain sheet of paper. If resume is attached, you must still complete the information below.

| Work Experience | | | | |
|---------------------------|--|--|--|--------------------|
| Employer/Company Phone | Address of Company City, State, Zip | Length of Employment Month/Yr to Month/Yr | Your Position Title and Supervisor Name | Reason for Leaving |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

| Education | |
|---------------------------------------|--------------------------------|
| High School/College Name and Location | Highest Grade/Degree Completed |
| | |
| | |
| | |

| Abilities/Experience |
|-----------------------------|
| Computer skills/training |
| |
| |

| Past Medical History |
|-----------------------------|
| List past medical History |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |

Applicant's Signature

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete. I also understand that any misstatement, falsification or omission of information may be grounds for refusal to hire or, if hired, termination.
 2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
 3. I authorize any of the persons, schools or organizations referenced in this application and the motor vehicle department to disclose to R. L. Abatement, Inc. any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I hereby release all such parties from any and all liability from damages, which may result from furnishing such information to R. L. Abatement, Inc. and hold R. L. Abatement, Inc. harmless from any and all liability resulting from the inquiry.
 4. I understand that this application is subject to the Texas Open Records Act and could be subject to disclosure to third parties.
 5. I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline with or without notice or cause at the discretion of R. L. Abatement, Inc.
 6. I understand that R. L. Abatement, Inc. is a drug-free workplace, and I may be subject to alcohol and drug testing according to policy.
 _____.
 7. R.L. Abatement, Inc. is an equal opportunity employer dedicated to a policy of compliance with all federal, state and local laws regarding nondiscrimination in employment.
 8. Consistent with the requirements of the Americans with Disabilities Act (ADA), applicants may request accommodations needed to participate in the application process.
 9. Are you willing to consent to a background check during the hiring process? Yes No _____.
- NOTE: A conviction will not necessarily disqualify an applicant from consideration for a particular job.

**AN UNSIGNED EMPLOYMENT APPLICATION
WILL NOT BE CONSIDERED**

Applicant's Signature

Date