

HR Department: (404) 910-4517 Fax: (404) 585-4407 **Email:** info@ebs-4u.com

Employment Application

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, medical condition or disability, ancestry, creed, marital status, personal appearance, family responsibilities, matriculation or political affiliation. As an employer, we comply with government employment regulations. EBS-4U, Inc. also provides "reasonable accommodation" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Personal Information: (Please print) Position Applying For: Date_____ Name____ Last First Middle Present Address_ City Zip State Street Cell (Phone Number Home (_____ E-Mail ____ Work (Contact name and number in case of emergency:___ Number Name If employed and you are under 18, can you furnish a work permit? [] Yes [] No [] On Call Do you want to work [] Full Time [] Part Time Shift Availability [] Day [] Evening [] Night [] Weekend How did you hear about the position?_____ On what date would you be available to start work? _____ Have you ever been affiliated with EBS-4u, Inc. before? [] Yes [] No If yes, when? _____ Position held: ____ Do you have any family members employed by EBS-4u, Inc. or any of its subsidiaries? [] Yes [] No If yes, name: _____ Position held: _____ Are you legally eligible for employment in the United States? [] Yes [] No (Proof of citizenship or immigration status will be required upon employment) Have you ever served in the U.S. Armed Forces? [] Yes [] No Have you used any **ILLEGAL** drug(s) in the past 12 months? [] Yes [] No Have you been convicted of a felony within the last seven (7) years? [] Yes [] No

(Conviction will not necessarily disqualify an applicant from employment. In making our decision, we will consider many factors such as the age and time of the offense involved the seriousness and nature of the violation, and whether you have been rehabilitated. We will also consider the nature of the job for which you are applying)

Work History: Please provide a complete list of all employment starting with the most recent employment.

1.							
Employer:					Date employed: From:		
Address:					To:		
Street			Apt #		Starting Salary		
City		State			Ending Salary		
Job Title:					Reason for leaving		
Work performed:				•	<u> </u>		
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ARE YOU EMPLOYED NOW?	() Yes	() No	If yes, may we con	ntact you	r present employer?	() Yes	() No
Supervisor:			Tel No.()		_	
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2.							
					Date employed: From:		
Employer:							
Address: Street			Apt #				
City		State		•	Starting Salary		
v					Ending Salary		
Job Title:					Reason for leaving		
Work performed:							
				•			
ARE YOU EMPLOYED NOW?	() Yes	() No	If yes, may we con	ntact you	r present employer?	() Yes	() No
Supervisor:			Tel No.()		_	
3.							
Employer:				•	Date employed: From:		
Address:Street			Apt #		To:		
City		State			Starting Salary		
City		State			Ending Salary		
Job Title:					Reason for leaving		
Work performed:							
ARE YOU EMPLOYED NOW?	() Yes	() No	If yes, may we con	ıtact you	r present employer?	() Yes	() No
Supervisor:			Tel No.()		_	

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4.							
Employer:				•	Date employed: From:		_
Address:			A		To:		
Street			Apt #	<u>.</u>	Starting Salary		
City		State			Ending Salary		
Job Title:				•	Reason for leaving		
Work performed:							
ARE YOU EMPLOYED NOW?	() Yes	() No	If yes, may we con	ntact you	ar present employer?	() Yes	() No
Supervisor:			Tel No.()		_	
5.							
Employer:					Date employed: From:		
Address:					To:		
Street			Apt #	<u>.</u>	Starting Salary		
City		State			Ending Salary		
Job Title:					Reason for leaving		
Work performed:							
ARE YOU EMPLOYED NOW?	() Yes	() No	If yes, may we con	ntact vou	ar present employer?	() Yes	() No
Supervisor:				-		` ,	()
6.							
Employer:					Date employed: From:		
Address:				•	To:		
Street			Apt #		Starting Salary		
City		State			Ending Salary		
Job Title:					Reason for leaving		
Work performed:							
ARE YOU EMPLOYED NOW?	() Yes	() No	If yes, may we con	ntact you	ur present employer?	() Yes	() No
Supervisor:			Tel No.()		_	

Education											
High Schoo	l Diploma:	[] Yes	[] No		Date ea	rned			School:		
Address:											
St	reet					,			City		Sta
GED:	l] Yes	[] No		Date ea	rned			School:		
	reet			-					City		Sto
] Yes	[] No		Date ea	rned			City Degree:		Sta
	iversity:										
Address:											
St	reet								City		Sta
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Address:	reet								City		Sta
si	1661								City		Sta
MILITARY											
Branch of	Service			Acti	ve Duty: F	rom			То		
Rank or Ra	anking										
SKILLS											
Profession Registration	nal Licenses ons:	<i>:1</i>									
Are you flu	ent in any c			La	anguage:	Sp	eak:	Read:		Write:	
languages	than Englis	h? Ye	s or No								
Indicate e	xperience in	years	s:								
Janitor	HVAC	F	ainter		Carpet Installer		Carpe	enter	Grounds	keeper	Landscaping
Plumber	Electricia				Mason		Roofe	er	Window	Washer	Handyman
Other (Ple	ase Specify		nstaller								
Additional info	ormation:										
	ything that the the the										er the activities
					applicu:	10	·	110	n so, p		uiii,

I certify that the statements I have made in this application are true and I hereby grant EBS-4U, Inc. or its affiliate permission to verify the accuracy and completeness of this information and investigate all references, educational records and criminal background investigation (see attached release form). I understand that any false statements or misleading statements made by me on this application or in connection with my physical examination will be sufficient cause for the rejection of this application or immediate dismissal if such false or misleading information is discovered after my employment. If accepted for employment, I agree to abide by policies and procedures of the organization.

I understand that if an offer of employment is made, my employment is contingent upon the following:

- 1. A criminal background check.
- 2. I must satisfactorily complete the required probationary period.

I understand that nothing contained in this employment application is intended to create an employment contrac
between EBS-4U, Inc. and myself for either employment or for my benefit. No promises regarding employment have been
made to me. If an employment relationship is established, I understand that my employment will be at-will and that I o
EBS-4U, Inc. will have the right to terminate my employment at any time for any reason.

Date Date	Signature of Applicant	_

EMPLOYEES EXPECTATIONS:

BE HONEST.

BE ON TIME.

TIME IS VALUABLE, PLEASE DO NOT WASTE OURS. REMEMBER YOU SEE IT THEY SEE IT. ALL OF THE FACILITIES WE CLEAN HAVE CAMERAS OR GUARDS. IT IS NOT WORTH IT.

IF YOU NOTICE ANY DAMAGES TO THE FACILITY, I.E. BROKEN DOOR KNOB OR LATCHES, BROKEN GLASS, PLUMBING LEAKS. PLEASE NOTIFY THE SUPERVISOR IMMEDIATELY.

WE MUST PERFORM OUR DUTIES IN ACCORDANCE WITH THE STATEMENT OF WORK. MUST BE ABLE TO LIFT 50 POUNDS.

UNIFORMS: EMPLOYEES MUST BE IN UNIFORM AT ALL TIMES.

Initial uniform (2 Tee-Shirts) will be supplied by EBS-4U, Inc. Employee is responsible for additional uniform \$15.00 each and can be a payroll deduction (two (2) uniform must be owned).

EBS-4U, Inc. PAY PERIODS IS EVERY TWO WEEKS. (schedule will be provided by Accounting)

BENEFITS, I.E. HEALTH, DENTAL, VACATION. (TBD)

I UNDERSTAND THAT THERE IS A 90 DAY PROBATIONARY PERIOD. AT 60 DAYS I WILL BE RE-EVALUATED ON CONTINUED EMPLOYMENT. I FURTHER UNDERSTAND THAT I CAN BE TERMINATED AT ANY TIME DURING THIS PERIOD.

EMPLOYEE SIGNATURE	DATE
I HAVE EXPLAINED THE JOB PERFORMANCE AND EXPEC	TATIONS TO THE POTENTIAL EMPLOYEE.
EMPLOYER SIGNATURE	DATE

EBS-4U, Inc.

Disclosure and Release

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from *BSCAI*, Blue Springs, MO. These reports may include the following type of information: Names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public record information concerning my education, driving record, workers' compensation claims, bankruptcy proceedings, credit, criminal records, etc., from federal, state and other agencies which maintain such records. I hereby authorize *BSCAI*. to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY *BSCAI*. TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to **BSCAI**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which **BSCAI**. has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from **BSCAI**.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

Print name as it appears on Driver's License		SS#	Date of Birth	Date of Birth Sex Race			
Current Address:			City:				
State:	Zip:	Years:	County:				
Previous Address:			City:				
State:	Zip:	Years:	County:				
Applicant Signature		Date S	igned				
Return Results To:			Phone:				