



APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY AND LEGIBLY

Today's Date: _____

Applicant's Name: _____

Position Being Applied For: _____

Miller Premier Services is an Equal Opportunity Employer and fully subscribes to as well as practices the principles of Equal Opportunity Employment. Therefore, prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap status or veteran status.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR AN INTERVIEW. YOU MUST COMPLETE ALL PAGES OF THIS APPLICATION - EVEN IF YOU ARE SUBMITTING A RESUME.

Application For Employment

(Please Print)

Last name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Cellular Phone
Do you have a current and legally valid New Jersey State Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			E-Mail Address
Driver's License Number			State Issued & Exp Date.
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year: _____ Location _____			Social Security Number
Desired Start Date:			Pay Expected
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Can you work overtime on short notice? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you, before employment, submit verification of your legal right to work permanently in the United States? Please furnish the Company with a copy of the same. <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn of our organization?			
Can you meet the essential functions of this job, with or without reasonable accommodation? If no, what can be done to accommodate your limitation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any commitments to another employer that might affect your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "Yes," please provide details:			
Are there any pending proceedings which might take away your currently valid New Jersey State Driver's License for a period of time? (ie: possible suspension) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of an indictable offense or been convicted of any disorderly persons or local ordinance violations during the last seven [7] years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "Yes," please provide details:			
Can You Fluently Read & Write In The English Language? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently on lay-off and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you sixteen [16] years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are under sixteen [16] years of age, state your present age:	
Are you willing to work on a rotating basis, including Holidays and weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you willing to attend educational seminars? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Briefly describe the reason(s) you want to leave your present place of employment. (If applicable)

Are You More Interested In Money, Or Just Doing You Job Well And Why?

List any professional, trade, business or civic activities and/or offices held relative to your ability to perform the job to which you are applying:

List any/all certificates and/or licenses that you possess related to the job for which you are applying:

List three [3] references not living with you, who can attest to your employment skills:

1	Name	Telephone () -
	Address	
	Name of Supervisor:	
2	Company Name	Telephone () -
	Address	
	Name of Supervisor:	
3	Company Name	Telephone () -
	Address	
	Name of Supervisor:	

List any additional information that you feel may be helpful to us in considering your application:

Write a brief essay, entitled "Where I See Myself Five Years From Now:

What Event Has Occurred Within The Last Five Years That Has Had A Significant Impact On Your Life And Why?:

All Good Companies Judge Their Employee's Performance Against Certain Standards And Benchmarks. What Standards Or Benchmarks Do You Think Should Be Used To Judge You And Why?

Application Agreement

I certify that the answers given and the statements made in this application are true and complete to the best of my knowledge. I also agree that falsified information, misleading information and significant omissions may disqualify me from further consideration for employment and in the event of employment, may result in my discharge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. If employed by Weltman Home Services, Inc., I agree to abide by all of its policies and procedures.

I understand that if I accept employment at Weltman Home Services, Inc., I can terminate employment at any time and can be terminated at any time, with or without cause, and that there is no contract, express or implied, for continued employment.

Because of the Company's policy to provide a smoke-free environment, I agree to comply with the no smoking rule while at work. I further understand that Weltman Home Services, Inc., is a drug-free work place and that I will be required to complete and pass a drug screening before I receive a job offer. I understand that refusal to submit to the drug screening test will constitute voluntary withdrawal of my application for employment.

Signature Of Applicant

Today's Date

Print Name

Witnessed By A Representative Of The Company

Applicant Consent Form To Release Private And Employment Information

I understand that in consideration of my application with Miller Premier Services, an investigation may be conducted of my past employment and activities to ensure the business standards and practices of this Company.

I authorize past employers, personal references and any other persons with whom I am acquainted to answer all questions asked concerning my previous employment record, ability, character, educational background, military service and credit history. I release all persons, including past employers, credit bureaus, and government agencies from any liabilities or damages for having furnished such information in good faith.

I understand that as part of the processing procedure for my employment application, an investigative report by a consumer agency or the Department of Motor Vehicles may be requested concerning my financial responsibility and current driving record and character. If I am denied a job based either wholly or in part because of information contained in these reports, I will be provided the name and address of the reporting agency that provided the information.

In consideration of my application for employment, I hereby authorize Weltman Home Services, Inc., and/or their agents to conduct such a credit report, and release Miller Premier Services, and its' agents, including its officers, employees and representatives from all liability and/or responsibility for this investigation, which may include, but is not limited to the gathering of information regarding personal, professional, and educational references, credit or consumer investigations, driving history, civil, professional license and any criminal history information which may be in the files of any State, local or Federal criminal justice agency.

I understand that the information requested will not be used to discriminate against me in violation of any law. A Telephone Facsimile (FAX) or photographic copy of this authorization shall be as valid as the original.

Applicant Signature

Today's Date

Print Name