



RELIABLE PROPERTY MAINTENANCE & CONSTRUCTION, LLC.
147A SERVICE CENTER DRIVE, OAKLAND MD 21550

EMPLOYMENT APPLICATION

PERSONAL

NAME: _____
 Last: _____ First: _____ Middle: _____

STREET ADDRESS: _____
 CITY/STATE/ZIP: _____

PHONE: Home: _____ Cell: _____ Other: _____

QUALIFICATION

HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE: YES NO

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO
 CLASS: A B C OTHER

IF NO DRIVER'S LICENSE, DO YOU HAVE A VALID STATE ISSUED ID CARD? YES NO

ARE YOU OVER THE AGE OF 18? YES NO

HAVE YOU EVER SERVED IN THE MILITARY? YES NO WHAT BRANCH? _____

DO YOU HAVE A DISABILITY THAT REQUIRES ACCOMMODATION ?
 YES NO IF YES, SPECIFY: _____

WHAT POSITION ARE YOU APPLYING FOR? _____ DESIRED PAY RATE: _____

AVAILABILITY: PART TIME FULL TIME

EDUCATION

HIGHEST GRADE COMPLETED? _____ CERTIFICATION: GED DIMPLOMA
 COURSE OF STUDY? _____

SCHOOL YOU ATTENDED? _____

COLLEGE OR VOCATION TRAINING? YES NO
 COURSE OF STUDY? _____ CERTIFICATE DEGREE
 SCHOOL/FACILITY YOU ATTENDED? _____

REFERENCES

PLEASE PROVIDE AT LEAST THREE PROFESSIONAL REFERENCES (NO RELATIVES):

NAME: _____ PHONE: (____) _____ - _____
 COMPANY/ADDRESS: _____ YRS KNOWN: _____

NAME: _____ PHONE: (____) _____ - _____
 COMPANY/ADDRESS: _____ YRS KNOWN: _____

NAME: _____ PHONE: (____) _____ - _____
 COMPANY/ADDRESS: _____ YRS KNOWN: _____

EMPLOYMENT

EMPLOYER'S NAME:	EMPLOYER'S ADDRESS:
SUPERVISOR'S NAME & PHONE NUMBER:	YOUR JOB TITLE:
REASON FOR LEAVING:	YOUR DUTIES:
EMPLOYMENT DATES: _____ TO _____	
EMPLOYER'S NAME:	EMPLOYER'S ADDRESS:
SUPERVISOR'S NAME & PHONE NUMBER:	YOUR JOB TITLE:
REASON FOR LEAVING:	YOUR DUTIES:
EMPLOYMENT DATES: _____ TO _____	
EMPLOYER'S NAME:	EMPLOYER'S ADDRESS:
SUPERVISOR'S NAME & PHONE NUMBER:	YOUR JOB TITLE:
REASON FOR LEAVING:	YOUR DUTIES:
EMPLOYMENT DATES: _____ TO _____	

DRUG TESTING

I understand that I can/will be required to be tested for illegal drug use as a condition of employment.
with this Company and/or may be asked to do so at any time during my employment. Initial Here: _____
Failure to comply with a drug test can / will affect my employment with this company. Initial Here: _____

TESTAMENT

I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief.
I am aware that should at any time any misrepresentation or falsification be disclosed, my application will be disapproved, my name removed from the eligible list, and that I will not be certified for employment in any position with this company.

SIGNATURE OF APPLICANT

DATE OF APPLICATION: