



Southern States
Facilities Services, Inc.

OFFICE USE ONLY

Hired Yes No
 Start Date _____
 Supervisor _____
 Rate _____
 Status FT PT

APPLICATION FOR EMPLOYMENT
 AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Southern States Facilities Services, Inc. to provide employment, training, compensation, promotion, and other conditions of employment without regard to race, color, religion, national origin, sex, age, handicap, or veteran status.

I. PERSONAL DATA

NAME			DATE	
First	Middle	Last		
ADDRESS			PHONE	
Street	City	State	Zip	
SOCIAL SECURITY NUMBER			CELL PHONE NUMBER	
EMAIL ADDRESS				
DATE AVAILABLE FOR EMPLOYMENT			PAY RATE REQUESTED	
EMERGENCY CONTACT NAME			EMERGENCY CONTACT NUMBER	
EMERGENCY CONTACT NAME			EMERGENCY CONTACT NUMBER	
TYPE OF POSITION DESIRED				
HAVE YOU PREVIOUSLY APPLIED FOR WORK AT SOUTHERN STATES FACILITIES SERVICES?				
IF YOU HAVE EVER BEEN CONVICTED OF A CRIME, LIST DATE, STATE, AND NATURE OF OFFENSE				
Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.				
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? ____ YES ____ NO				

2. REFERENCES

LIST THREE PERSONS WE MAY CONTACT REGARDING YOUR PROFESSIONAL ABILITY.

NAME	ADDRESS	PHONE	OCCUPATION

3. DRIVING INFORMATION

Do you have a current driver's license? Yes No
 State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? Yes No If yes please explain:

4. EDUCATIONAL & PROFESSIONAL BACKGROUNDS

	SCHOOL	CITY/STATE	DATES ATTENDED	DEGREE AND YEAR GRADUATED	GRADE POINT AVERAGE OR RANK	MAJOR & MINOR FIELDS
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
OTHER						
IF A DEGREE IS PENDING, INDICATE DATE EXPECTED						
HONORS AND HONOR SOCIETIES						
PROFESSIONAL SOCIETIES, INDICATE DATES OF MEMBERSHIP						

5. EMPLOYMENT RECORD

LIST MOST RECENT POSITION FIRST, THIS SECTION MUST BE COMPLETED IN FULL.

NAME AND ADDRESS OF PRESENT EMPLOYER			
EMPLOYED From	To	PAY RATE Start	Final
TITLE		DUTIES	
NAME AND POSITION OF IMMEDIATE SUPERVISOR		MAY WE CONTACT YOU AT YOUR PRESENT PLACE OF EMPLOYMENT? If yes, please enter area codes/phone number	
REASON FOR LEAVING		MAY WE CONTACT EMPLOYER?	

NAME AND ADDRESS OF PREVIOUS EMPLOYER			
EMPLOYED From	To	PAY RATE Start	Final
TITLE		DUTIES	
NAME AND POSITION OF IMMEDIATE SUPERVISOR		MAY WE CONTACT EMPLOYER?	
REASON FOR LEAVING		MAY WE CONTACT EMPLOYER?	

NAME AND ADDRESS OF PREVIOUS EMPLOYER			
EMPLOYED		PAY RATE	
From	To	Start	Final
TITLE	DUTIES		
NAME AND POSITION OF IMMEDIATE SUPERVISOR			
REASON FOR LEAVING		MAY WE CONTACT EMPLOYER?	
NAME AND ADDRESS OF PREVIOUS EMPLOYER			
EMPLOYED		PAY RATE	
From	To	Start	Final
TITLE	DUTIES		
NAME AND POSITION OF IMMEDIATE SUPERVISOR			
REASON FOR LEAVING		MAY WE CONTACT EMPLOYER?	

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY: THEY CONSTITUTE THE CONDITIONS FOR EMPLOYMENT WITH SSFS.

PRE-EMPLOYMENT STATEMENT

I hereby affirm that the information provided on this employment application form and on my resume is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further employment if discovered after my employment has begun.

I hereby authorize Southern States Facilities Services, Inc. or their appointed investigative agencies to substantiate and verify my past employment, professional credentials, academic degrees, and other information on my application. I also authorize my previous schools, employers, and listed references to release to Southern States Facilities Inc. or their appointed investigative agencies any relevant information including transcripts that may be requested in connection with my employment. I understand that if I give Southern States Facilities Services, Inc. a written request within a reasonable time, they will furnish me with additional information about the nature and scope of that investigation. I agree that Southern States Facilities Services, Inc. and my previous employers, schools, and references shall not be held liable if any employment offer is not tendered, is withdrawn, or my employment is terminated due to falsity or omissions in the information I have provided.

I understand that Southern States Facilities Services, Inc. reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I understand that this employer participates in E-verify. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. I agree to abide by the administrative policies of the Company. I understand that no statement in this form, related administrative policies, or any offer of employment is to be construed as an employment contract; and that either party, without the other's consent, may terminate the employment relationship at any time.

PLEASE SIGN HERE _____
Signature (Digital Signature Accepted)

Date

This application will become inactive in six months if not renewed in writing.