



Canebridge International Corporation

Property Services Employment Application

All information on this Employment Application form must be provided (even if you submitted a resume) in order for it to be valid. This Employment Application is not intended to elicit information that may be used in a discriminatory manner. Employment related decisions are not based on the age, gender, race, color, national origin, religion, handicap, disability, veteran status or any other legally protected status.

The following are the minimum eligibility requirements for employment with Canebridge International Corporation:

- ** Must be a minimum of 18 years old
- ** Must possess a High School Diploma or GED
- ** Must have good Customer Service Skills
- ** Must be willing to work Holidays and Weekends
- ** Must be able to Read, Write and Speak fluent English
- ** Must be Non Illegal Drug User
- ** Must be able to provide Documentation that you are qualified to work in the United States.
- ** Must wear our professional uniform and maintain our high standards for grooming and appearance.
- ** Must have a clear criminal history-including any pending charges.

Canebridge International is an Equal Opportunity Employer and a Drug Free Employer

Personal Information

Please Ask If You Require Assistance in Completing This Employment Application Form, Please use Black Ink

| | | | |
|--|-----|----------------------|--|
| Date of Application: | / / | Best Phone #: | / / |
| First Name: | | Last Name: | |
| Social Security Number | / / | Street Address: | |
| City: | | Position Applied For | |
| State: | | Zip: | |
| Date of Birth: | / / | Salary Expectation: | \$ Full / Part-Time |
| Circle the Days You Can Not Work: S M T W Th F S | | | Available Shift Days/Afternoon/ Nights |
| If hired, can you provide proof that you are eligible to work in the U.S.? | | | Yes / No Please Explain if NO. |
| Have you ever worked for Canebridge International in the past? | | | Yes / No If Yes Explain When / Where |
| Have ever been convicted of any Criminal Offense: | YES | NO | Please Explain if Yes. |
| Do you have any pending Criminal Charges (Including Traffic) | YES | NO | Please Explain if Yes. |
| Do you have a valid Driver's License for the State in which you are applying in: | YES | NO | |
| Have you had any Traffic Violations in the last 7 years? | YES | NO | Please Explain if Yes. |

Personal Information - Continued

| | | |
|--|-----|----|
| Has your Driver's License been Suspended, Revoked or Restricted within the past 7 Years? | YES | NO |
| Please Explain if Yes. | | |
| Are you currently contesting any Loss, Suspension of Revocation of your Driver's License? | YES | NO |
| Please Explain if Yes. | | |
| Have you been involved in a vehicular accident within the past 7 years? | YES | NO |
| Please Explain if Yes. | | |
| Do you know of any reason why you cannot perform the essential functions of this position for which you are applying, with or without reasonable accommodation? All applicants who receive a conditional offer of employment, will need to complete an additional questionnaire. | | |
| | YES | NO |
| Please Explain if Yes. | | |

Education

| | | | | |
|--|-----|-----------------|-------------------|--|
| High School Diploma: | YES | NO | High School Name: | |
| City: | | | State: | |
| List any Additional education, extension courses and seminars: | | | | |
| | | | | |
| College / University: | | | City & State: | |
| Number of Years Attended: | | Type of Degree: | | |
| Area of Study: | | | | |
| | | | | |
| College / University: | | | City & State: | |
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Office Skills

| | | | | | |
|-------------------------------------|-----|----|-----|---|--|
| Can You Type: | YES | NO | WPM | # | |
| Software you have experience using: | | | | | |

Military Service

| | | | |
|--------------------|--|--|--|
| Branch of Service: | | # of Years: | |
| Rank at Discharge: | | Please Explain Experience as it relates to this Application: | |
| | | | |

If an offer of employment is extended and accepted, you must provide a copy of you DD-214 Discharge Form.

Employment/Professional References

| | | | |
|-------|---------|--|---------------|
| Name: | Phone # | | Relationship: |
| | | | |
| Name: | Phone # | | Relationship: |
| | | | |
| Name: | Phone # | | Relationship: |
| | | | |

Employment History

Please complete this section even if you are submitting a resume!

Beginning with your most recent employment, list all jobs full-time, paid and un-paid that you have held in the **past 5 years**. Include time spent in the Military Service, traveling, etc. Cover FULL disposition of you time.

Current Employer

| | | | |
|----------------------|---|---|-------------|
| Name of Employer? | | Starting Position? | |
| Street Address: | | City & State: | |
| Name of Supervisor: | | Phone #: | |
| Title / Department: | | Can we Contact ? | YES NO |
| Dates of Employment: | From: <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> | To: <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> | |
| | Mo / Year | Mo / Year | |
| Reason for leaving? | | | |
| | | | |

Previous Employer

| | | | |
|----------------------|---|---|-------------|
| Name of Employer? | | Starting Position? | |
| Street Address: | | City & State: | |
| Name of Supervisor: | | Phone #: | |
| Title / Department: | | Can we Contact ? | YES NO |
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| | Mo / Year | Mo / Year | |
| Reason for leaving? | | | |
| | | | |

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| Title / Department: | | Can we Contact ? | YES NO |
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| | Mo / Year | Mo / Year | |
| Reason for leaving? | | | |
| | | | |

Previous Employer

| | | | |
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| Street Address: | | City & State: | |
| Name of Supervisor: | | Phone #: | |
| Title / Department: | | Can we Contact ? | YES NO |
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| | Mo / Year | Mo / Year | |
| Reason for leaving? | | | |
| | | | |

