



URBAN SERVICE SYSTEMS CORPORATION

212 Van Buren Street, NW Washington, DC 20012
202-543-2000 202-547-0159 (Fax)

We consider all applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, gender identity or expression, family responsibilities, political affiliation, physical handicap, matriculation, the presence of a non-job-related medical condition or handicap, genetic information or any other legally protected status.

(PLEASE PRINT/TYPE CLEARLY)

Position(s) Applied For				Date of Application	
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)		Date of Birth	Social Security Number		
Home-	Cell -				

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed by us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been convicted of a felony? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please provide the date, the charges and place of conviction: _____

EDUCATION

	Elementary	High School	Undergraduate College/University	Graduate/ Professional
School Name & Location				
Years completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any honors you have received				
Describe any specialized training, apprenticeship, and skills				
State any additional information that may help us consider your application				

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</i></p>

REFERENCES

Give name, address and telephone number of three references who <u>are not</u> related to you and <u>are not</u> previous employers.
1.
2.
3.

Have you ever had any job-related training in the United States military? Yes No
 If yes, please describe:

Are you physically or otherwise unable to perform the duties of the job for which you are applying?
 Yes No

Have you ever made or are you currently participating in a Worker's Compensation claim?
 Yes No

If yes list all claims you have made for Worker's Compensation (Please continue on a separate sheet if necessary)

Employer Name And Address	Date	Injury Sustained and How	Date Returned to Work

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer #1		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				

Employer #2		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				

Employer #3		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Driving Experience - Indicate which trucks you have operated:

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	Dates		Approximate Number of Miles
		From	To	
Straight Truck				
Refuse: Roll-Off				
Front-End				
Rear-End				
Other				
Tractor Trailers:				

Experience and Qualifications—Driver

	State	License No.	Type	Expiration Date
Driver Licenses				

Accident Record for the Past 10 Years of More (Attach sheet if more space is needed)

	Dates	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Last Accident				
Next Accident				
Next Accident				

Traffic Convictions and Forfeitures for the Past 10 Years (Other than parking violations)

Location	Date	Charge	Penalty

(Attach sheet if additional space is needed)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answer to either A or B above is YES, attach statement giving details.

Applicant's Statement

I certify that this application was completed by me and that the answers given are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application for employment shall be considered active for a period of time not to exceed 45 days and if I want to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I also understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or in my interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

THIS IS A DRUG FREE WORKPLACE. AS A PRECONDITION OF EMPLOYMENT THE EMPLOYER RESERVES THE RIGHT TO REQUEST THAT THE APPLICANT SUBMIT TO A DRUG TEST FOR THOSE POSITIONS THAT ARE REASONABLY EXPECTED TO AFFECT HEALTH, SAFETY, OR NATIONAL SECURITY. THIS PROVISION EXPRESSLY APPLIES TO ANY APPLICANT WHO WOULD BE OPERATING HEAVY EQUIPMENT.

Employment Data Record

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply. All employees are treated equally during employment without regard to race, color, religion, sex, national origin, age, marital status or veteran status, medical condition or handicap, or any other legally protected status.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records re kept in a Confidential file and are not a part of your application for employment or personnel file.

Please note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILLNOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Please Print

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees and candidate for employment. This data is for statistical analysis with respect to the success of the Affirmative Action Program.

SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security Number		

	If You Want To Submit Information, Please Complete The Sections Below
	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Check One of the Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> African American/Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
	Check If Any of the Following Are Applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
	Birth date:

