

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps:

Government contractors are required to take affirmative action to employ qualified handicapped individuals, disabled veterans and veterans of the Vietnam Era. If you have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please Sign _____ Handicapped Individual Disabled Veteran Vietnam Era Veteran

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience.

*******Applicant's Statement*******

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. I understand that the first 90 days of employment is probationary.

Signature of Applicant

Date

*******Drug Screening Test and Background Check Authorization Form*******

I authorize RAMCO Building Maintenance, Inc. through it's designated physician or a laboratory testing facility, a drug screening test as a requirement of employment. I also authorize Ramco to provide a background check prior to employment

In applying for employment, I understand that a urine screening test to determine the presence of certain drugs will be conducted. I further understand that the presence of one or more of those drugs may cause my rejection from further consideration for employment.

I, also understand that refusal to submit to the drug screening test and background checks upon request constitute voluntary withdrawal of my application for employment.

Signature

Date

This Area For Supervisor Use Only

Supervisor Name _____ **Date** _____ **of** **Interview** / /

Former Employer Remarks:

#1 _____ date called / /

#2 _____ date called / /

#3 _____ date called / /

#4 _____ date called / /

References Remarks:

#1 _____ date called / /

#2 _____ date called / /

#3 _____ date called / /

Remarks from interview:

Ramco Building Maintenance

332 N. Cleveland; Wichita, KS 67214

Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Please Print Neatly

Date of Application __ / __ / __

Name: Last _____ First _____ Middle _____ Phone#(____) ____ - ____ - ____

Address: Street _____ City _____ State __ Zip _____

Social Security# _____ - _____ - _____ Do you have a valid Kansas drivers license? YES NO

E-mail Address _____

Are you on a lay-off and subject to recall? YES NO Wage per hour desired \$ _____ Date you can start working _____

What Times are you available to work? _____

Are you legally able to be employed in this country? YES NO (Proof of citizenship or visa is required upon employment.)

Have you been convicted of a felony within the last 7 years? YES NO (Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain -----

References: Give three names of persons we can contact, not related to you, who have known you at least one year.

#1 Name _____ Phone number(____) ____ - ____ - ____

Address: Street _____ City _____ State __ Zip _____

#2 Name _____ Phone number(____) ____ - ____ - ____

Address: Street _____ City _____ State __ Zip _____

#2 Name _____ Phone number(____) ____ - ____ - ____

Address: Street _____ City _____ State __ Zip _____

Please list your last Three employers that we can contact, starting with the last one first:

#1. Name of business _____

Address: Street _____ City _____ State __ Zip _____

Phone number(____) ____ - ____ Dates of employment; from __/__/__ to __/__/__ Wage per hour\$ _____

Reason for leaving -----

#2. Name of business -----

Address: Street _____ City _____ State __ Zip _____

Phone number (____) ____ - ____ Dates of employment; from __/__/__ to __/__/__ Wage per hour\$ _____

Reason for leaving -----

#3. Name of business -----

Address: Street _____ City _____ State __ Zip _____

Phone number(____) ____ - ____ Dates of employment; from __/__/__ to __/__/__ Wage per hour\$ _____

Reason for leaving -----

Do you have any physical limitations or past injuries that would prevent you from performing cleaning duties Yes _____ No _____

Such as restrictions on lifting, walking, bending, vacuuming, back problems, leg problems, shoulder problems, etc.

If yes please explain your limitations in detail: _____
