

1204 15th ST
Hondo, TX 78861



Job Application

Phone: (210)344 3763

Fax: (210) 344-3845

Last		First		MI	SSN#	Email	
Street Address		City		St	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States? Yes No				Are you 18 or older? Yes No		If yes, Date of Birth	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? Yes No				If yes, please explain:			
Military Service?		Branch		Race/Ethnicity:		Speak English? Yes No	
Yes No						Read English? Yes No	
What position are you applying for?				How did you hear about this position?			
Expected Hourly Rate		Position Desired		Date Available		Part Time or Full Time (check one): Part Time Full Time	

Prior Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address						
Phone						
Name of Immediate Supervisor						
Position/Job Title						
Dates of Employment	From	To	From	To	From	To
Pay						
Reason for Leaving						
May We Contact	Yes	No	Yes	No	Yes	No

Education

	Name/Location	Last Year Complete				Degree		Major or Emphasis
High School		GED	9	10	11	12	Yes No	
College/University		1	2	3	4		Yes No	
Trade School		1	2	3	4		Yes No	
Other		1	2	3	4		Yes No	
List any applicable special skills, training or proficiencies.								

	Reference 1	Reference 2	Reference 3
Name			
Address			
Telephone			

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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Commercial Carpet Services ▪ Medical Facility Cleaning ▪ Floor Care Maintenance ▪
Carpet/Upholstery Cleaning ▪ Grounds Maintenance ▪ SDB/HUB Certified
CIMS GB Certified ▪ ISSA and AHE Members
Office: 210-344-3763 ▪ Fax: 210-344-3845

BACKGROUND CHECK FORM

By signing this form you are giving Apex Limited, Inc. permission to conduct a criminal background check for employment reasons.

Applicant Signature

Date

Applicant Name As it appears on DL (Please Print)

Date of Birth

Driver's License Number

Social Security Number

Driver's License Issuing State

Apex Limited, Inc. Representative

Voluntary Self-Identification of Disability

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. you may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

Blindness	Autism	Bipolar disorder	Post-traumatic stress disorder (PTSD)
Deafness	Cerebral palsy	Major depression	Obsessive compulsive disorder
Cancer	HIV/AIDS	Multiple sclerosis (MS)	Impairments requiring the use of a wheelchair
Diabetes	Schizophrenia	Missing limbs or	Intellectual disability (previously called mental
Epilepsy	Muscular	partially missing limbs	retardation)
	dystrophy		

Please Check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

Your Name

Today's Date

Apex Limited, Inc.

Invitation to Self-Identify - Minorities and Women

In accordance with Federal regulations relating to Equal Employment Opportunity (EEO) and affirmative action, our firm is prohibited from discrimination in employment practices because of race, color, religion, gender, national origin, veteran or disability. The following information is required by Federal regulations relating to EEO and affirmative action. We request that you complete this form and email it back to us within ten (10) days to the email address below:

rtapia@apexlimited.net

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. This information will be kept confidential and will be kept separate from your resume and/or employment application in compliance with EEO and affirmative action Federal regulations.

Date of Application/Resume:

Position Applied for:

Location of Position for which Application/Resume was made:

Name (Last, First, Middle Initial, Maiden if any):

Address (Street & No. or PO Box, City, State, Zip Code):

5ZM] A`W

Male

Female

Are you Hispanic or Latino?

Yes

No

If you checked "Yes" to Hispanic/Latino you do not need to respond below.

Check One or More:

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

PRE-OFFER PROTECTED VETERAN SELF-IDENTIFICATION FORM

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

~ A "disabled veteran" is one of the following:

- a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability.

~ A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

~ An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

~ An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED
VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I CHOOSE NOT TO SELF-IDENTIFY

Signature: _____ Print Name: _____ Date: _____