

Maintenance & Management Associates, Inc.

843 Niagara Falls Blvd, Amherst, NY 14226

Phone 716-836-2111 mmabuildingservices@gmail.com

www.mmabuildingservices.com

Pre-Employment Application

Maintenance & Management Associates, Inc. is an Equal Opportunity Employer.

All prospective employees will receive consideration without discrimination regardless of race, creed, sex, age, national origin, or handicap.

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUG USE

Personal

Name: _____	Date: _____
Street Address: _____	
City, State & Zip Code: _____, _____, _____	
Phone 1: (____) _____-_____	Phone 2: (____) _____-_____ Email: _____
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you possess a valid NYS Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Position applied for: _____	When can you begin work? _____
Days available to work: S M T W TH F S	How many hours are you looking for weekly? _____
Hours available to work: <input type="checkbox"/> Evenings or Days <input type="checkbox"/> Evenings Only <input type="checkbox"/> Days Only	
Employment Desired: <input type="checkbox"/> Full Time Only <input type="checkbox"/> Part Time Only <input type="checkbox"/> Full or Part Time	
Have you ever worked for or applied for employment with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, when: _____	
How did you hear of us? _____	

Employment – please provide an accurate employment history for the past 5 years – beginning with your most recent employer

Name of employer _____ Address _____ Phone number _____	Name of Supervisor	Employment dates	Rate of pay
		From	
		To	
	Your last job title	Reason for leaving	
List duties performed: _____			

Name of employer _____ Address _____ Phone number _____	Name of Supervisor	Employment dates	Rate of pay
		From	
		To	
Your last job title		Reason for leaving	
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		From	
		To	
Your last job title		Reason for leaving	
List duties performed:			

May we contact your present / most recent employer? Yes No

Some accounts require a criminal background check – Do we have your permission to conduct a criminal background check?
 Yes No

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain the number of conviction(s) and nature of offense(s): _____ _____ _____

I hereby declare the information provided by me on this Application for Employment is true, correct and completed to the best of my knowledge. I authorize an investigation of all statements contained in this application. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. Further, I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice. In addition, completing this application does not guarantee employment.

Signature

Date

INTERVIEW RESULTS

Reference Checks and Comments

Start Date: _____

Rate: _____

Building: _____

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Employment Background Investigation Authorization

I, _____, hereby authorize any Employer, Law Enforcement and/or Court, Department of Motor Vehicles, or other entity, to permit Maintenance & Management Associates, Inc. and/or their agent or representatives, to view or be furnished with copies of all information requested for their screening of any employment application information and/or for motor vehicle records.

Furthermore, I hold harmless Maintenance & Management Associates, Inc., their agents or representatives, or any agency that may furnish them with the aforementioned information.

Applicant: Completes the Following

Applicant Signature – Full Name

Date

Applicant Name – Print Full Name

Please print any other names used

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Social Security Number

Date of Birth

Driver's License Number and State

Current Address

City

State

Zip

Previous Address

City

State

Zip

Have you ever been convicted of a criminal offense, other than a traffic violation?

Yes No

If yes, list the offense:

When and Where:
