



The Coastal Experts

It is the policy of BISSELL PROFESSIONAL GROUP to provide equal employment opportunities to all applicants and employee without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

Applicant Name: _____ **Social Security Number:** _____

Address: _____ **City/State/Zip:** _____

Phone: _____ **Driver's License Number:** _____

Who should be contacted if you are involved in an emergency?

Contact Name: _____ **Relationship to you:** _____

Address: _____ **City/State/Zip:** _____

Daytime phone: _____ **Evening phone:** _____ **Cell phone:** _____

Position Applied For: _____ **Compensation Expected:** _____

If offered employment, when would you be available to begin work? _____

Have you ever been convicted of any crime, including traffic violations? _____ **if yes, please describe:**

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

EDUCATION

Graduate School: _____

College Name and Address: _____

Did you receive a degree? _____ **Yes** _____ **No** _____ **If yes, degree received:** _____

High School Name and Address: _____

Last Grade Completed: _____ **Diploma?** _____

Other Training (graduate, technical, vocational): _____

Awards, Honors, Special Achievements: _____

Applicant Employment History: List your current or most recent employment first.

1. Current Employer: _____	Immediate Supervisor: _____
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address / City/State/Zip: _____	
Co Phone: _____	Job Duties: _____
Reason for Leaving: _____	
<i>Dates of Employment (Month/Year):</i> _____ <i>to</i> _____ <i>Starting Hourly/Salary:</i> _____ <i>Ending Hourly/Salary:</i> _____	
2. Previous Employer: _____	Immediate Supervisor: _____
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address / City/State/Zip: _____	
Co Phone: _____	Job Duties: _____
Reason for Leaving: _____	
<i>Dates of Employment (Month/Year):</i> _____ <i>to</i> _____ <i>Starting Hourly/Salary:</i> _____ <i>Ending Hourly/Salary:</i> _____	
3. Previous Employer: _____	Immediate Supervisor: _____
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address / City/State/Zip: _____	
Co Phone: _____	Job Duties: _____
Reason for Leaving: _____	
<i>Dates of Employment (Month/Year):</i> _____ <i>to</i> _____ <i>Starting Hourly/Salary:</i> _____ <i>Ending Hourly/Salary:</i> _____	
4. Previous Employer: _____	Immediate Supervisor: _____
May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address / City/State/Zip: _____	
Co Phone: _____	Job Duties: _____
Reason for Leaving: _____	
<i>Dates of Employment (Month/Year):</i> _____ <i>to</i> _____ <i>Starting Hourly/Salary:</i> _____ <i>Ending Hourly/Salary:</i> _____	

Applicant's Skills: List any, skills & software that may be useful for the position you are seeking. _____

List any two people who would be willing to provide a written reference for you.

Name: _____ Address: _____
Telephone: _____ Relationship: _____

Name: _____ Address: _____
Telephone: _____ Relationship: _____

Please provide any other information that you believe should be considered:

APPLICANT'S STATEMENT AND RELEASE

Please read carefully and sign below. Bissell Professional Group will treat this application for employment as active for a period of time not to exceed one (1) year. If I wish to be considered for employment after one (1) year has passed, I understand I must reapply.

I, certify that the information provided on this application is truthful and accurate. **I understand that incomplete, false or misleading information given in this application or interview(s) will be the basis for rejection of my application, or if employment commences immediate termination.**

I authorize Bissell Professional Group to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education. I release all persons or entities from all liability for any damage that may result from furnishing information to Bissell Professional Group. I also release Bissell Professional Group and all of its employees from all liability for any damage that may result from its reliance on the information furnished.

I hereby authorize Bissell Professional to obtain any and all information pertaining to my driving / police records. I release the providers of such information and Bissell Professional Group and all of its employees from all liability for any damage that may result from furnishing or relying upon the information furnished.

I agree to keep in confidence all information related to the business of Bissell Professional Group and its clients and associates within the offices and confines of Bissell Professional Group.

In consideration of my employment, I agree to conform to and be bound by Bissell Professional Group's policies, rules and regulations. I understand and agree that my employment is "at-will", and therefore, my employment and compensation can terminate, with or without cause, and with or without notice, at any time, at the option of Bissell Professional Group. I further understand and agree that this "at-will" employment relationship, as defined above, will remain in effect throughout my employment, unless it is modified only by a specific, express written employment contract, which must be signed by the Principal of the company, Mark S. Bissell and me.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE: _____

DATE: _____

SS#: _____ **(after employment)**