

EMPLOYMENT APPLICATION
Sovereign Commercial Services Inc. & Affiliates

PLEASE READ CAREFULLY

**If completing online, you may need to download and save first. Please be sure you print and write legibly.
 In person drop off at main office or fax the application to 1-866-535-9773 or email to hrresume@sovereigncs.com
 If you are selected you will receive a phone screen interview within 3-5 business days.**

We will only return those calls to employees selected for positions.

Please do not call regarding status of an application, thank you!

Applications are also available in the lobby from 8:30am-4:00pm Mon-Fri.

Sovereign Commercial Services, Inc. & Affiliates is an Equal Opportunity Employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws. Drug and Alcohol Free Workplace.

Please inform the Human Resources Department if you require reasonable accommodations to the applications or interview process. English is the primary language of our company.

Please print in ink.

Position you are applying for?		Date of Application	
What type of hourly rate do you expect for this position?		On what date would you be available to work?	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number		Alternate or Cell phone	
How Did You Hear About Us?			
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____			
			Please check

Are you legally eligible to work in the United States? YES [] NO []

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? YES [] NO []

(If no, you may be required to provide authorization)

Can you with or without reasonable accommodation perform the essential functions of this job? (If you have any questions about the functions of the job, please ask the interviewer before answering this question.) YES [] NO []

Have you ever applied to with our company or its affiliates before? (If yes, please give date.) YES [] NO []

Have you ever worked for our company or its affiliates? (If yes, please give date.) YES [] NO []

Do you have a valid driver's license?(For driving purposes, if a company vehicle is used) YES [] NO []

For position that involves a valid driver's license- have you been convicted of any moving violations in the past five years? YES [] NO []

If yes, please explain: _____

Have you ever been fired or asked to resign from a job? Please list in employment section. YES [] NO []

Our company representatives will review during the employment process any applicants convictions or felonies with the Criminal Background Check-(Intellicorp) past or current possibly up to 15 years. Please be sure you are honest during this process. Dishonestly of such information when asked will disqualify you for employment consideration. (Please see disclosure form upon interview process)

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Please make sure you list the hours you are available for work above.

EDUCATION	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. *(Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)*

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? YES NO

Please give dates and explanation:

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.) If you do not have 3, please list as many as possible. **REQUIRED.**

Name	Address	Phone Number	Relationship/Occupation	Years Known

Why do you think you would be a good asset to our company? What traits do you believe you have that would benefit our customers and provide the service of satisfaction we require. _____

Please provide any other information that you feel will help us in considering your application for employment.

EMPLOYMENT HISTORY (Begin with current or most recent employer. **Do not exclude any employment.** Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation.)

BE SURE TO LIST YOUR EMPLOYMENT SECTION IN DETAIL otherwise you may be disqualified for review.

Company Name	Employment Dates Start End	Salary Start End	Name and Title of Supervisor
Address		\$ \$	Job title or Position you held
Phone			

Describe your duties:

Reason for leaving and explanation:

Can we contact them for a reference?

Company Name	Employment Dates Start End	Salary Start End	Name and Title of Supervisor
Address		\$ \$	Job Title or Position you held
Phone			

Describe your duties:

Reason for leaving and explanation:

Can we contact them for a reference?

Company Name	Employment Dates Start End	Salary Start End	Name and Title of Supervisor
Address		\$ \$	Job Title or Position you held
Phone			

Describe your duties:

Reason for leaving and explanation:

Can we contact them for a reference?

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Sovereign Commercial Services, Inc. & Affiliates that such employment with, is at will, for no specified duration and may be terminated by either Sovereign Commercial Services, Inc. & Affiliates or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Sovereign Commercial Services, Inc. & Affiliates, except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Sovereign Commercial Services, Inc. & Affiliates.

In consideration for employment with Sovereign Commercial Services, Inc. & Affiliates, if employed, I agree to conform to the rules, regulations, policies and procedures of Sovereign Commercial Services, Inc. & Affiliates at all times and understand that such obedience is a condition of employment. I understand that if offered a position or considered for a position with Sovereign Commercial Services, Inc. & Affiliates, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand those unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks, will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Sovereign Commercial Services, Inc. & Affiliates and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months and retained for one year. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Representative or Person Completing Form if not Applicant Name and Number

SOVEREIGN COMMERCIAL SERVICES INC. AND ITS AFFILIATES IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION UNDER TITLE VII OF THE CIVIL RIGHTS ACT OF 1964 WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW

We are a Smoke - Drug-Alcohol Free Workplace Updated 2019