SOLDIERS OWNED FACILITY MAINTENANCE, LLC

EMPLOYMENT APPLICATION - *Please Complete Entire Application*

EMPLOYER: **Soldiers Owned Facility Maintenance, LLC**

ADDRESS: **3422 Business Center Dr Suite 106 #1314, Pearland, Texas 77584**

TELEPHONE: **713-301-2375**

It is the policy of Soldiers Owned Facility Maintenance, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

APPLICANT INFORMATION:

Name: **Date of Birth:** **Social Security Number:**

Address: **City / State/ Zip code:**

Telephone Number: **Driver's License (State/Number):**

Emergency Contact: **Relationship:** **Telephone Number:**

What position are you apply for? (Housekeeper/Floor Technician/Supervisor)

How did you hear about us? **Who referred you to our company?** **Do you have any friends or relatives who work here? If yes, please list here:**

If hired, are you able to submit proof that you are legally eligible for employment in the United States?

If applicable, are you available to work overtime? **If you are offered employment, what date would you be available to begin work?**

Have you ever been convicted of a felony or misdemeanor? ◯ **No** ◯ **Yes** ◯ **Felony** ◯ **Misdemeanor**

If YES, list charge(s) on your record, date, and location (city and state) of offense(s). (The existence of a criminal record does not constitute an automatic bar to employment unless relevant to the type of employment.

APPLICANT EMPLOYMENT HISTORY: *List your current or most recent employment first. Please list all jobs (including self-employment and military service) that you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.*

1. Employer Name: **Start Date of Employment / End Date of Employment:**

Address: **City / State/ Zip code:**

Supervisor Name: **May We Contact? (Y / N)** **Phone Number:**

Job Duties: **Reason for Leaving:**

SOLDIERS OWNED FACILITY MAINTENANCE, LLC

EMPLOYMENT APPLICATION

2. Employer Name: **Start Date of Employment / End Date of Employment:**

Address: **City / State/ Zip code:**

Supervisor Name: **May We Contact? (Y / N)** **Phone Number:**

Job Duties: **Reason for Leaving:**

3. Employer Name: **Start Date of Employment / End Date of Employment:**

Address: **City / State/ Zip code:**

Supervisor Name: **May We Contact? (Y / N)** **Phone Number:**

Job Duties: **Reason for Leaving:**

4. Employer Name: **Start Date of Employment / End Date of Employment:**

Address: **City / State/ Zip code:**

Supervisor Name: **May We Contact? (Y / N)** **Phone Number:**

Job Duties: **Reason for Leaving:**

5. Employer Name: **Start Date of Employment / End Date of Employment:**

Address: **City / State/ Zip code:**

Supervisor Name: **May We Contact? (Y / N)** **Phone Number:**

Job Duties: **Reason for Leaving:**

APPLICANT REFERENCES: *List any two non-relatives who would be willing to provide a reference for you.*

1. Name: **Address:** **City / State/ Zip code:** **Phone Number:**

Relationship: **How long have you know this reference?**

2. Name: **Address:** **City / State/ Zip code:** **Phone Number:**

Relationship: **How long have you know this reference?**

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EMPLOYMENT APPLICATION

Please provide any other information that you believe should be considered for your employment?

Are you bound by any agreement with any current employer? *If Yes, please explain.*

APPLICANT CERTIFICATION: *I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination. I authorize Soldiers Owned Facility Maintenance, LLC 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 HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT NAME PRINT

APPLICANT SIGNATURE **DATE**

SOLDIERS OWNED FACILITY MAINTENANCE, LLC

Medical History Questionnaire

Medical History Questionnaire in compliance with the Americans Disability Act. This will allow Soldiers Owned Facility Maintenance, LLC to evaluate and provide reasonable accommodation for any qualifying disability you may have. Your information will be kept confidential in a separate designated medical file.

Name: **Date of BIrth:** **Social Security Number:**

Address: **City / State/ Zipcode:** **Telephone Number:**

Position / Department:

Emergency Contact: **Relationship:** **Telephone Number:**

INSTRUCTIONS: Circle Y for YES and N for NO to the following questions. Provide dates for any YES answers. Do not skip any questions.

Severe headaches	**Y / N**
Dizziness or fainting spells	**Y / N**
Epilepsy/seizures	**Y / N**
Anemia/hemophilia/other blood disorder	**Y / N**
Rheumatic Fever	**Y / N**
Diabetes	**Y / N**
Hypoglycemia (low blood sugar)	**Y / N**
Cardiac disease	**Y / N**
High blood pressure	**Y / N**
Varicose veins or leg ulcer	**Y / N**
Inflammation of veins or blood clot	**Y / N**
Thyroid	**Y / N**
Hay fever/asthma/respiratory disorder	**Y / N**
Chronic cough	**Y / N**
Shortness of breath	**Y / N**
Chest pain	**Y / N**
Tuberculosis	**Y / N**
Total deafness/hearing loss/ear problems	**Y / N**

Mental retardation/learning disability	**Y / N**
Eye/vision conditions (glasses, contacts, color blindness, etc.)	**Y / N**
Hernia (rupture)	**Y / N**
Ulcers	**Y / N**
Kidney or bladder trouble	**Y / N**
Hepatitis/liver disease	**Y / N**
Multiple sclerosis	**Y / N**
Parkinson’s disease	**Y / N**
Skin trouble	**Y / N**
Positive PPD (TB skin test)	**Y / N**
Complications due to or associated with pregnancy	**Y / N**
Alcoholism/drug addiction	**Y / N**
Nervous breakdown, mental illness, psychiatric treatment or counseling	**Y / N**
Arthritis/rheumatism	**Y / N**
Backaches	**Y / N**
Head injury	**Y / N**
Neck or back injury	**Y / N**

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Medical History Questionnaire

Leg/knee/hip/ankle injury	**Y / N**	Osteoporosis	**Y / N**
Elbow/shoulder/wrist/arm/hand injury	**Y / N**	Residual disability from polio	**Y / N**
Repetitive strain	**Y / N**	Muscular dystrophy	**Y / N**
Arthroscopy of a joint	**Y / N**	Cerebral palsy	**Y / N**
Herniated (slipped) disc	**Y / N**	Use of tobacco products (answer is optional)	**Y / N**
Surgical removal of a disc or spinal fusion	**Y / N**	Disorders of the immune system (answer is optional)	**Y / N**
Knee surgery	**Y / N**	Have you ever had chiropractic treatment?	**Y / N**
Any fracture/broken bones	**Y / N**	Increased fatigue	**Y / N**
Any other orthopedic surgery	**Y / N**	Are there any question(s) above that you do not understand? If so, please identify:	**Y / N**
Amputation of a body part	**Y / N**		
Chronic osteomyelitis	**Y / N**		

Have you ever had treatment or surgery for a back, neck, knee, or head condition?

Do you now or have you suffered from any aches or pains of the back?

Have you ever had surgery?

Additional Comments:

TEAM MEMBER NAME PRINT

TEAM MEMBER SIGNATURE **DATE**

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date *(mm/dd/yyyy)*
Last Name *(Family Name)*	First Name *(Given Name)*		Middle Initial *(if any)*
Address *(Street Number and Name)*	City or Town	State	ZIP Code

Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire *(if applicable)*	New Name *(if applicable)*		
Date *(mm/dd/yyyy)*	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.