



PROPERTY MAINTENANCE EMPLOYMENT APPLICATION

(VETERANS ENCOURAGED TO APPLY)

APPLICANT INFORMATION

FULL NAME: _____ CITY / STATE / ZIP: _____
ADDRESS: _____ CELL PHONE NUMBER: _____
EMAIL ADDRESS: _____

PREFERRED METHOD OF CONTACT: PHONE EMAIL

POSITION APPLYING FOR:

- PROPERTY MAINTENANCE TECHNICIAN
 GENERAL REPAIRS & RENOVATIONS
 GROUNDS / EXTERIOR MAINTENANCE
 OTHER: _____

EMPLOYMENT TYPE DESIRED: FULL-TIME PART-TIME SEASONAL ON-CALL

AVAILABLE START DATE: _____

SKILLS & AREAS OF EXPERTISE

(CHECK ALL THAT APPLY)

- | | | |
|---|---|---|
| <input type="checkbox"/> GENERAL REPAIRS | <input type="checkbox"/> FLOORING | <input type="checkbox"/> LANDSCAPING / GROUNDSKEEPING |
| <input type="checkbox"/> PLUMBING (BASIC) | <input type="checkbox"/> APPLIANCE REPAIR | <input type="checkbox"/> SNOW REMOVAL |
| <input type="checkbox"/> ELECTRICAL (BASIC) | <input type="checkbox"/> HVAC (BASIC) | <input type="checkbox"/> PREVENTATIVE MAINTENANCE |
| <input type="checkbox"/> CARPENTRY | <input type="checkbox"/> ROOFING | <input type="checkbox"/> TURNOVER / MAKE-READY UNITS |
| <input type="checkbox"/> DRYWALL & PAINTING | <input type="checkbox"/> SIDING | |

TOOLS & EQUIPMENT EXPERIENCE: _____

WORK AUTHORIZATION & BACKGROUND

- ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO
ARE YOU ABLE TO PASS A BACKGROUND CHECK IF REQUIRED FOR THIS POSITION? YES NO
DO YOU HAVE A VALID DRIVER'S LICENSE? STATE: _____ YES NO
DO YOU HAVE RELIABLE TRANSPORTATION? YES NO

MILITARY SERVICE

HAVE YOU SERVED IN THE U.S. ARMED FORCES?

YES NO

IF YES: BRANCH: _____ YEARS OF SERVICE: _____

RELEVANT TRAINING / SKILLS: _____

WORK EXPERIENCE

MOST RECENT EMPLOYER

COMPANY NAME: _____ JOB TITLE: _____

DATES OF EMPLOYMENT: _____ SUPERVISOR NAME & PHONE: _____

JOB DUTIES & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER (OPTIONAL)

COMPANY NAME: _____ JOB TITLE: _____

DATES OF EMPLOYMENT: _____ SUPERVISOR NAME & PHONE: _____

JOB DUTIES & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

CERTIFICATIONS / LICENSES (IF ANY)

OSHA EPA ELECTRICAL PLUMBING HVAC OTHER: _____

REFERENCES

REFERENCE #1

NAME: _____

RELATIONSHIP: _____

PHONE: _____

EMAIL: _____

REFERENCE #2

NAME: _____

RELATIONSHIP: _____

PHONE: _____

EMAIL: _____

APPLICANT STATEMENT & SIGNATURE

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION MAY RESULT IN DISQUALIFICATION FROM EMPLOYMENT OR TERMINATION IF HIRED.

APPLICANT SIGNATURE: _____ DATE: _____

PLEASE RETURN THIS COMPLETED APPLICATION TO:

LUIS BEVERAGGI

EMAIL: LBEVERAGGI.FRONTLINE@GMAIL.COM

CELL: (413) 889.3469

**MAIL: 227 HOUGHTON STREET
NORTH ADAMS, MA, 01247**