



**Personal Information**

Have you ever applied to or worked for Porta-Jon before?  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Porta-Jon?  Yes  No

If yes, list name and relationship:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

If hired, would you have a reliable means of transportation to and from work?  Yes  No

Certain positions at Porta-Jon may require use of a motorized vehicle (car/van/truck). If use of such a vehicle is required in the job for which you are applying, would there be a problem?  Yes  No

Do you have a valid Commercial Driver's License?  Yes  No If yes, Class \_\_\_\_\_

(Providing a current copy of your driving record is a condition of employment)

Are you at least 18 years old?  Yes  No

(If under 18, hire is subject to verification that you are of legal age.)

Do you have the Legal Right to Work and Be Employed in the United States?  Yes  No

(Proof of identity and legal authority to work in the U.S. is a condition of employment)

Are you able to perform the functions of the job for which you are applying either with or without reasonable accommodation(s)?  Yes  No

If no, describe the function(s) that cannot be performed:

\_\_\_\_\_  
\_\_\_\_\_

If you require reasonable accommodations(s), please describe any accommodation required:

\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions of the position.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Yes  No

If yes, state nature of the crime(s), when and where convicted and disposition of the case:

\_\_\_\_\_  
\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)



**Education**

School	Name and Address	Years Completed	Did you Graduate?	Degree or Diploma
High School				
College / University				
Vocational / Business				

List any other education, specialized training/skills, or certificates/licenses that you might have that relate to this job.

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Do you speak, write or understand any foreign languages?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, which language(s)? \_\_\_\_\_

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**Employment History**

List below details on your last 7 years of employment or last 3 employers (whichever is longer) starting with the most current employer. You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Position

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_  
From To

Pay: \_\_\_\_\_  
Starting Ending

\_\_\_\_\_  
Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

.....

Name of Employer \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

.....

Name of Employer \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

.....

Name of Employer \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

.....

Note: Attach additional page(s) if necessary.

Please Identify and Explain All Periods of Unemployment During the Last 10 Years:

From:		To:		Reason for Unemployment:
From:		To:		
From:		To:		
From:		To:		

.....

**References**

List three persons not related to you who have knowledge of your work performance.

Name	Address	Occupation	Phone No. and/or E-Mail Address

(Continue to the next page)

**STATEMENT**

**Please read carefully and sign below. Your agreement to the terms below is a condition for consideration of employment and/or employment with Portable Facility Holdings, Inc. (“the Company”).**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release, to the fullest extent permitted by law, the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Company requires the successful completion of a drug and/or alcohol test as a condition of employment. I also understand that if such testing indicates the presence of non-prescribed or illegal drugs in my body in any detectable amounts, I will be disqualified for further hiring consideration. I agree to submit to alcohol and/or drug screening tests, if requested of me, at any time prior to, or during, my employment in accordance with the law. I further acknowledge that the Company may conduct random and/or post employment drug testing including but not limited to post-accident/post-injury drug testing as part of its drug-free workplace efforts. I hereby give my consent to the above drug and/or alcohol screening tests and authorize the test results be released to the Company.

I understand that the Company may require an official printout of my driving record as a condition of employment. I also understand that upon hire I will be required to enroll in the NC DMV Employer Pull Notice Program which will allow the Company to monitor my driving record. I understand that my driving record must be in good standing to be considered for employment in a position that requires the use of a vehicle. I further understand that if hired, my driving record must remain in good standing or I may be subject to immediate discharge.

I understand that employment with the Company is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I understand that except for the Company’s President, no employee, representative or agent of the Company has authority to modify the at-will nature of my employment. Any modification of the at-will nature of my employment, or any employee agreement for a specified period of time with the Company, must be set forth in a written agreement signed and dated by the Company’s President and me. Moreover, nothing conveyed to me, either during any pre-employment interview, or during my employment, if hired, is intended to create an employment contract or to alter the at-will nature of my employment.

I further understand and agree that as a condition to being employed by the Company, I will be required to agree to conduct myself in accordance with the Company’s personnel practices and policies as set forth in the Employee Handbook, a copy of which I will be provided and I will review in accepting employment with the Company.

**I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application.**

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_