



EMPLOYMENT APPLICATION

HR: **EE #:** _____ **JOB #:** _____ **HIRE DATE:** _____ PC or DD Union
 BRAVO! Building Services, Inc. BRAVO! Facility Services, Inc. BRAVO! Healthcare Solutions, Inc.

Section 1: Personal Information (required)

Last Name /Apellido: _____ **First Name / Nombre:** _____ **Middle Initial:** _____

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Calle: _____ **Ciudad:** _____ **Estado:** _____ **Codigo Postal:** _____

Home Phone (Teléfono) Number: _____ **Cell Phone (Celular) Number:** _____ **Email Address (Correo Electrónico):** _____

Section 2: Emergency Contact Information (required)

Name of someone in case of emergency / Nombre en caso de emergencia: _____ **Emergency Contact phone # / No. de telephone:** _____

Section 3: General Information

Are you at least 18 years old - Eres mayor de 18 años? Yes/Si No

Have you ever worked for BRAVO! in the past? Yes/Si No
Ha Trabajado para BRAVO! en el pasado?

Are you authorized to work in the U.S.?

Es usted legalmente elegible para trabajar en los Estados Unidos?

Yes/Si No

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?

Es capaz de realizar las funciones esenciales del empleo que se solicita, con o sin acomodacion razonable. Yes/Si No

Do you have any friends or family working at BRAVO!? Yes/Si No
Tiene un pariente o amigo trabajando en BRAVO!?

Name / Nombre & Relationship/ Relación: _____
Work Site / Lugar de Trabajo : _____

Habilidad de hablar, leer y escribir Ingles?

How well do you speak English:

Good / Bien Fair / Regular Poor / Mal

How well do you read English:

Good / Bien Fair / Regular Poor / Mal

Section 4: Voluntary Information

We comply with government regulations and affirmative action responsibilities.

This portion of the employment application is *voluntary* and is used to help us comply with government record keeping.

Referred by: Website Friend Relative
 Employment Ad Walk In Other: _____

Gender: Male Female

Please check one (optional):

American Indian or Alaskan Native Hispanic
 Asian or Pacific Islander Caucasian (Not Hispanic)
 African American (Not Hispanic) Other: _____

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran
 Disabled Individual Active Military Status



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Section 5: Employment History

LIST ENTIRE EMPLOYMENT HISTORY FOR LAST 5 YEARS. Include U.S. Military Service & Volunteer Work.

Liste todo su empleo de los últimos 5 años

Company Name, Full Address	Dates Employed From – To	Supervisor	Position	Phone #:	Reason for Leaving

I authorize investigation of all matters contained in this application and agree that if any misrepresentation has been made by me herein, or if the results of such investigation are not satisfactory, any offer of employment may be withdrawn, or my employment terminated immediately without any obligation or liability to me, other than for payment, at the rate agreed upon, for service actually performed if I have been employed.

I also authorize all persons, schools, companies, corporations, credit bureaus, former employers and law enforcement agencies to supply any information concerning my background and release them from their doing so. I understand that BRAVO! has work available seven (7) days a week and twenty-four (24) hours per day. If employed, I agree to work any hour(s), day(s), shift(s) deemed necessary by management. If employed by BRAVO!, I agree to conform to the rules and regulations of BRAVO! and any applicable collective bargaining agreement. I understand I must adhere to all policies and procedures declared within the Employee Handbook accessible via EHUB and the Corporate website.

If employed, I understand that no management representative has any authority to enter into any oral agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

This application is not a contract of employment and does not imply commitment or obligation to indefinite employment by BRAVO! or by the employees. The employment relationship, which exists between BRAVO! and each of its employees is employment-at-will. It is every employee's voluntary decision to accept employment with BRAVO! and each individual may voluntarily leave employment at any time for any reason. Likewise, BRAVO! may, at any time, decide to end an individual's employment with or without cause or prior notice, at its sole discretion. Neither the policies of BRAVO! nor any written or verbal communication by a supervisor or management, are promises of any kind by BRAVO! BRAVO! reserves the right to terminate an individual's employment with or without cause, or to change wages and/or any other term or condition of employment at any time and without prior consultation or agreement with any employee.

I certify that the information contained in this application are true and complete. I understand that if employed, any misrepresentation of facts is cause for immediate dismissal.

I release BRAVO! from responsibility to investigate in good faith and without malice my background and I understand that employment is also dependent upon satisfactory response to the investigation of my references.

Anytime during the first 3 (three) months of employment, employee may be dismissed at any time without cause.

Date: _____ **Signature of applicant:** _____

Section 6: For Hiring Manager ONLY

Start Date: _____ Job #: _____	UNION: yes <input type="checkbox"/> no <input type="checkbox"/>
Rate of Pay: \$ _____ Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Picture submitted for BRAVO! ID yes <input type="checkbox"/> no <input type="checkbox"/>
Type: RPT <input type="checkbox"/> Variable Hour - TPT <input type="checkbox"/> TFT <input type="checkbox"/> RFT <input type="checkbox"/> Duration of project: From _____ to _____	Background Check Required: yes <input type="checkbox"/> no <input type="checkbox"/> Background Check Completed: yes <input type="checkbox"/> no <input type="checkbox"/>
Work Hours: Start at: _____ am/pm End at: _____ am/pm	Medical/Drug Testing Required: yes <input type="checkbox"/> no <input type="checkbox"/> Medical/ Drug Testing Results Recvd: yes <input type="checkbox"/> no <input type="checkbox"/>
Job Title: MGR <input type="checkbox"/> / SUPV <input type="checkbox"/> / Engineer <input type="checkbox"/> / Gen.Cleaner <input type="checkbox"/> Porter <input type="checkbox"/> / Matron (Day or Night) <input type="checkbox"/> / Special Proj <input type="checkbox"/>	Driving Record Check Required: yes <input type="checkbox"/> no <input type="checkbox"/>
Other (specify) : _____	Reason for new hire: <input type="checkbox"/> New Acct <input type="checkbox"/> Increased Budget <input type="checkbox"/> Replacement
Hiring Manager (Print Name): _____	Disclosure(s): yes <input type="checkbox"/> no <input type="checkbox"/>



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Section 7: Policies

Anti-Harassment & Hostile Work Environment Policy

BRAVO! has established a policy to maintain a healthy and productive work environment, which will provide all employees the opportunity to perform their jobs to the fullest extent and be free from all types of harassment.

- Harassment is a violation of state and federal laws.
- Violation of this law and Company policy can expose the offender to serious liability.
- BRAVO views harassment as a serious misconduct, which can result in disciplinary action, including termination.

Employees are expected to report all incidents of harassment. Every incident of actual or alleged harassment reported to management will be investigated. Harassment is defined as unwelcome actions or behaviors that are viewed as “inappropriate” by the recipient. These may include verbal jokes, touching, stereotyping, etc. and non-verbal gestures, emails, etc. Examples of Sexual harassment are advances, requests for sexual favors to obtain job advances, and other continuous verbal and/or physical conduct of a sexual nature when:

- Submission to such conduct is made, either or implicitly, a term or condition of an individual’s employment,
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment.

All employees are responsible for helping to prevent circumstances that involve actual or apparent sexual harassment. When anyone observes what he or she believes to be sexual harassment they should confront the offender directly and make him/her aware of their behavior creates discomfort and tell them to stop immediately. You may also contact the HR Department. Any employee who becomes aware of any type of harassment by witnessing or experiencing the behavior or by having the incident reported to them shall report such behavior to their immediate supervisor, to any manager or the HR Department.

Supervisory personnel will require that the working environment be conducted in a business-like manner, and be free from offensive teasing, jokes, remarks, and/or questions of a sexual nature toward other employees or the public, or creating a hostile work environment. Supervisors are to ensure that the workplace is free from any type of harassment.

A verbal report shall be made to the Manager as soon as possible, followed by a written report within twenty-four (24) hours. This report will be forwarded to Human Resources for further review and action.

Salary Agreement Policy

I acknowledge that I may be reassigned at anytime to another account as required by the business. If the new assignment has a lower rate of pay, I acknowledge that my pay rate will be adjusted accordingly.

I authorize BRAVO! to deduct the costs associated with failure to return Company-owned property from my last paycheck if the property is not returned by my last day of employment.

Drug & Alcohol Free Workplace Policy

BRAVO! is committed to a drug-free environment. BRAVO! is committed to providing our client(s) with alcohol and drug-free employees.

BRAVO!’s policy concerning alcohol and drug prohibits possession, use, selling, or giving away of alcohol or drugs on any company or client’s property. Employees at work while under the influence of alcohol or any non-prescribed drugs /controlled substance are subject to disciplinary action, including immediate termination. Employees reporting to work with the odor of alcohol on their breath are subject to investigation and disciplinary action, including termination.

I HAVE READ THE ANTI-HARRASSMENT, SALARY AND DRUG & ALCOHOL FREE WORKPLACE STATEMENTS AND ACKNOWLEDGE THAT I WILL ADHERE TO THEM AND WHAT MY RESPONSIBILITIES ARE AS AN EMPLOYEE OF BRAVO!.

Employee Signature

Employee Name Printed

Date

Employer Signature (Representative)

Employer Name Printed (Representative)

Date



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Injury Agreement Policy

If you are injured on duty, you must notify your manager, a coworker, Safety Director, or HR immediately. If medical attention is needed, a Supervisor will direct you to an emergency facility or to our company doctor.

Failure to notify BRAVO! of the injury during your work shift may jeopardize your Worker’s Compensation claim. Employees are to report all claims of injuries immediately. Supervisors must submit an Incident Report to the Safety Director or HR within 24 hours of the incident.

It is also important to know that falsifying a statement of injury or lying to obtain Worker’s Compensation benefits is against the law. The penalties imposed by law may include jail time and/or a fine up to \$50,000.00.

Employment Agreement Policy

This Agreement is made as of the date set forth below, by and between BRAVO! Affiliated Companies. (hereafter “Employer”) and the below named employee (hereafter “Employee”).

Whereas, Employer had hired Employee to perform services on behalf of Employer; and whereas, in the course and scope of such employment, Employees shall have access to Employer’s client records and other confidential information of Employer;

1. During the term of your employment, as an employee of BRAVO!, you shall not, directly or indirectly, in any capacity, engage or participate in any business that is in competition in any manner whatsoever with the business of the Employer.
2. Employee acknowledges and agrees that the names, addresses and other information regarding Employer’s clients constitute trade secrets obtained by Employee during their employment with Employer constitutes unfair competition. Employee promises and agrees not to engage in any unfair competition with employer.
3. Employee consents and agrees that during the period of two (2) years immediately after the termination of his/her employment with the Employer, he/she will not, either directly or indirectly, make known or divulge the names or addresses of any of the clients or patrons of the Employer at the time he/she entered the employ of Employer or with whom they became acquainted after entering the employ of Employer to any persons, firm, or corporation, call upon, solicit, divert, or take away or attempt to solicit, divert, or take away any of the clients, business or patrons of the Employer upon whom they are called upon or upon whom they solicited or to whom they catered or with whom they became acquainted, or upon whom they called or to whom they catered after their employment with Employer.
4. Employee consents and agrees that for any violation of any of the provisions of this Agreement, a restraining order and/or injunction may issue against them in addition to any other rights the Employer may have.
5. For a period of two (2) years immediately following the termination of their employment with Employer, Employee shall not seek employment or work for any of Employer’s clients.
6. In the event that the Employer is successful in any suit or proceeding brought or instituted by the Employer to enforce any of the provisions of the within Agreement, or on account of any damages sustained by the Employer by reason of the violations by the Employee of any terms and/or provisions of this Agreement to be performed by the Employee, the Employee agrees to pay to the Employer reasonable attorney’s fees to be fixed by the court. ***These policies are strictly enforced and there will be no deviations.***

I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH BRAVO! AND AFFILIATED COMPANIES MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I WAIVE ANY AND ALL RIGHTS I MAY HAVE TO A TRIAL BY JURY OF ANY ISSUE ARISING OUT OF OR IN CONNECTION WITH MY EMPLOYMENT RELATIONSHIP WITH BRAVO! AND AFFILIATED COMPANIES INCLUDING, BUT NOT LIMITED TO, WAGE CLAIMS, CLAIMS FOR EMPLOYMENT DISCRIMINATION AND ANY FEDERAL ANTI-DISCRIMINATION LAWS.

I HAVE READ THE ABOBE STATEMENTS AND ACKNOWLEDGE THAT I WILL ADHERE TO THEM.

Employee Signature

Employee Name Printed

Date

Employer Signature (Representative)

Employer Name Printed (Representative)

Date

Federal and State law requires that all applications be considered without regard to race, color, sex, age, disability, religion, national origin, marital status, sexual orientation, ancestry, political beliefs or activities, citizenship or status as a veteran. BRAVO! believes in and fully supports equal employment opportunities and will fulfill our obligation to the fullest.