

Headquartered in Chattanooga, Tennessee, ERMC is a leading multi-discipline facility service provider. We serve customers in retail, aviation, food facilities, and schools providing services such as janitorial, maintenance, security, closed circuit monitoring, landscaping, and many more...



### ERMC Mission Statement

*ERMC provides a full range of innovative services delivered with unsurpassed attention to customer service. We forge strong partnerships with our clients through a committed, motivated, experienced team.*

#### Before applying for employment with our company, we ask you to consider the following:

- We value quality work, dependability, and integrity. We seek people who enjoy working in a fast-paced setting and share our commitment to superior customer service – to our customers, employees, and community.
- Only those persons who have a legal right to work for any US employer are eligible for employment with ERMC. We strictly comply with the Immigration Reform and Control Act of 1986 and participate in the E-Verify program. All employees are required to provide (1) genuine documentation establishing your identity and eligibility to be legally employed in the United States and (2) a Social Security Card after being offered employment.
- Positions may require the completion of drug testing, criminal background checks, or possessing a valid license that is satisfactory to ERMC. These may be pre-employment requirements or required during the course of employment.

**If you agree to the above statements, please continue...**

- **Answer all questions fully and accurately (Application must be completed in full even if attaching a resume.) ERMC reserves the right to reject incomplete applications.** If you need more space to provide complete information, use blank paper. PLEASE PRINT, except where a signature is requested.
- THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF INFORMATION ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED. **Please read over your application before you sign and submit this application.**
- ERMC offers reasonable accommodation in the employment process for individuals with disabilities. If you need assistance in the application or hiring process to accommodate a disability, you may request an accommodation at any time. Please contact the ERMC Site Director at your nearest facility or any member of Human Resources in Chattanooga.

Submit your complete application at the job site for which you are applying or mail, scan/email or fax it to:

ERMC Human Resources  
6148 Lee Highway, Suite 300  
Chattanooga, TN 37421

Email: [careers@ermc2.com](mailto:careers@ermc2.com)  
Fax: 423-424-3140  
Phone: 888-6-ERMC-HR

Thank you for submitting your application with our Company.



# EMPLOYMENT APPLICATION

An Equal Opportunity Employer by Choice

Today's Date: \_\_\_\_\_

**APPLICANT INFORMATION – Please print clearly**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ List any other names used if different from name on this application: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ How long have you resided at this address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long did you reside at this address? \_\_\_\_\_

Are you authorized to work for **ALL** employers in the U.S.?  Yes  No  
*If offered employment, before you can begin work, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986. ERMCM does not provide sponsorship for work authorization.*

Are you 18 years of age or older?  Yes  No  
*If employed, you may be required to submit proof of age.*

Do you know any employees of ERMCM or its affiliates?  Yes  No If yes, who? How do you know them? Where do these people work? \_\_\_\_\_

Have you ever applied with ERMCM before?  Yes  No If yes, when? What Location: \_\_\_\_\_

Have you ever been employed by ERMCM?  Yes  No If yes, when? What Location: \_\_\_\_\_

Reason for you are no longer employed with ERMCM: \_\_\_\_\_

If we employ you, will you continue working another job or owning a business? *ERMCM has strict policies regarding outside employment. See Hiring Supervisor for details.*  Yes  No

If yes, provide details: \_\_\_\_\_

Are you presently restricted by a non-compete agreement or any other agreement with a current or former employer?  Yes  No

If yes, provide details: \_\_\_\_\_

Regular attendance and punctuality are essential requirements of almost every job at ERMCM. How many days of work have you missed during the past 12 months? (Exclude absences due to pre-approved vacation, a disability, workers compensation, or those covered by FMLA): \_\_\_\_\_

Today's Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

**CRIMINAL HISTORY – Please print clearly**

At the bottom of this page, you will be asked to provide information about your criminal and traffic offense history.

- We only request information about convictions -- **a conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. DO NOT INCLUDE:** arrests or convictions that have been sealed, expunged or legally eradicated, and convictions for which the charge was subject to pre-trial or judicial diversion and was ultimately dismissed by the court.
- **Your conviction history does not automatically bar you from employment.** Human Resources will review the nature and date of the offense against the job and the worksite for which you are applying to determine if you meet the requirements of the job and/or the worksite. If you do not understand and need clarification, please direct all relevant questions or concerns to Human Resources using the contact information on page 1 of this application.
  - **Traffic Convictions** -- Violations in some states (such as Michigan and Minnesota) can result in a felony or misdemeanor criminal conviction (e.g., failure to maintain insurance, DUI). **Do not assume that every jurisdiction considers a traffic conviction the same as a moving violation.**

If you have been convicted of criminal or traffic offenses, we suggest you obtain all the necessary information from the jurisdiction(s) in which you were convicted before you answer these questions. **If you fail to provide complete and accurate information, it may be cause to deny you employment or terminate you should it be discovered at a later date. When in doubt, write it down.**

**All Applicants: After carefully reading the above information, complete the following information:**

**Excluding all of the following:**

- Minor traffic violations (e.g., moving violations with fines of less than \$100)
- Convictions that have been sealed, expunged, or legally eradicated
- Convictions for which the charge was subject to pre-trial or judicial diversion and was ultimately dismissed by the court
- Residents of the following states, exclude the state-specific disclaimers:
  - **California Applicants Disclaimer:** Do not disclose marijuana convictions (felony or misdemeanor) that are more than 2 years old.
  - **Colorado, Louisiana, Maryland, New Hampshire, and Oklahoma Applicants Disclaimer:** Do not disclose criminal conviction records that are sealed, expunged or annulled.
  - **Illinois Applicants Disclaimer:** Do not disclose prior convictions that have been expunged, sealed or impounded under Section 5 of the Criminal Identification Act.

Have you ever been convicted, pled guilty or nolo contendere of a felony or misdemeanor criminal or traffic offense?  Yes  No

**If yes, please provide details of your convictions.** Attach more paper, if necessary.

Conviction Year	County, City, State of Conviction	Offense Category (Felony or Misdemeanor)	Offense Description	Punishment and # of Years (Imprisonment, Probation)	Status (Closed or Open)

Are you currently released on bail, the subject of an active arrest warrant, or released on your own recognizance pending trial? Note: If yes, your application may be placed on hold pending the outcome of these charges.  Yes  No

Please describe the pending charges against you.

I have read, understand and agree to the above statements and have provided complete and accurate information.

Applicant Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

How did you **originally** learn about this job opening? Please list any specifics to help us identify successful recruiting sources.

- Internet ad (monster.com, careerbuilder.com, newspaper website, other): \_\_\_\_\_
- Internet Social Media (LinkedIn, Facebook, Twitter, other): \_\_\_\_\_
- Newspaper: \_\_\_\_\_  Professional Association: \_\_\_\_\_
- Referral (by whom?): \_\_\_\_\_  Government Agency (unemployment office) : \_\_\_\_\_
- Employment Agency: \_\_\_\_\_  Other (Please Explain): \_\_\_\_\_

**EMPLOYMENT INFORMATION – Please print clearly**

Job(s) Applied For: \_\_\_\_\_ Minimum Acceptable Salary: \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying with or without reasonable accommodation?  **Yes**  **No**  
If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.

When could you start work?: \_\_\_\_\_

What type of employment are you seeking?  **Full-Time**  **Part-Time**  
 **Temporary**

Have you ever been fired or asked to resign from a job?  **Yes**  **No** If yes, please explain: \_\_\_\_\_

List days and times you are available for work

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

*If you indicate availability times that do not match the job opening, you may not be further considered for that position.*

Can you work overtime, if needed?:  **Yes**  **No** Can you work a rotating shift?:  **Yes**  **No**

Can you work holidays, if needed?:  **Yes**  **No**

Supervisor Jobs Only: Are you willing to accept employment that requires you to travel?  **Yes**  **No** If yes, when can you travel?:  **Day**  
 **Occasionally Overnight**  
 **Frequently Overnight**

Restrictions or other comments about availability or traveling: \_\_\_\_\_

**EDUCATION – Please print clearly**

If you did not complete high school, do you have a high school equivalency diploma?:  **Yes**  **No**

	Institution Name	Location	Degree Received	Major or Specialty	Dates Attended	
					From	To
High School						
College or University						
Vocational or Technical School						

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date. \_\_\_\_\_



# EMPLOYMENT APPLICATION

**An Equal Opportunity Employer by Choice**

Today's Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

**EMPLOYMENT HISTORY.** Start with the most current position held and list all employment for at least 10 years from today's date including military and volunteer service. Explain time gaps. Highlight your knowledge, skills and abilities that best demonstrate your qualifications for this position. You may attach a resume, **but you must complete the employment section. Failure to answer all items in the following section may eliminate you from further consideration.**

Employer Address  Phone _____  Job Title _____ Dates from (mo/yr) _____ to (mo/yr) _____ <input type="checkbox"/> Full-time      Hours per week <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary    week	Duties and Type of Business:    Supervisor Name _____ Salary (start) _____ (finish) _____      Date of Last Increase _____ Reason for leaving or seeking to leave _____
Employer Address  Phone _____  Job Title _____ Dates from (mo/yr) _____ to (mo/yr) _____ <input type="checkbox"/> Full-time      Hours per week <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary    week	Duties and Type of Business:    Supervisor Name _____ Salary (start) _____ (finish) _____      Date of Last Increase _____ Reason for leaving or seeking to leave _____
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Employer Address  Phone _____  Job Title _____ Dates from (mo/yr) _____ to (mo/yr) _____ <input type="checkbox"/> Full-time      Hours per week <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary    week	Duties and Type of Business:    Supervisor Name _____ Salary (start) _____ (finish) _____      Date of Last Increase _____ Reason for leaving or seeking to leave _____

Today's Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

**SPECIAL SKILLS – Please print clearly**

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

What skills or additional training do you have that are related to the job for which you are applying? Include languages that you speak and/or write proficiently.

What machines or equipment can you operate that are related to the job for which you are applying?

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

**DRIVER INFORMATION – Please print clearly**

Only applicants who will drive a company vehicle or who may drive a personal vehicle for company business are required to complete this form.

Will this position drive a company vehicle or possibly drive a personal vehicle for company business?  Yes  No

**If NO, stop here and continue completing the next section. If YES, answer the following questions.**

Driver's License #:		State:		Expiration Date:	
As a motor vehicle operator, have you been involved in any motor vehicle accidents within the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Were you cited by the Police for the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain:					
As a motor vehicle operator, have you been convicted of any moving violations with a motor vehicle within the past 36 months? If YES, list all such moving violations below: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Violation Date	Description				
Has your driver's license ever been canceled or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, please explain:					
What restrictions are on your license now?					

**REFERENCES – Please print clearly**

List only references who can verify your professional or business experience.

Name	Occupation & Company	Address (Street, City, State, Zip)	Telephone and E-Mail Address	Years Known

Today's Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

**Affidavit -- Please read the following statements carefully**

**At Will Employment**

I understand that this application is not a contract, offer, or promise of employment. ERMC is an At Will Employer and as such, if hired, I will be able to resign at any time for any reason. Likewise, the company can terminate my employment at any time with or without cause, unless otherwise required by law. I further understand that no one other than the President and CEO of ERMC or his/her designee has the authority to enter into an employment contract or agreement with me, and that my at-will employment can be changed only by a written agreement signed by the President and CEO of ERMC.

**I have read, understand and agree to the above statements. Applicant Signature:** \_\_\_\_\_

**Application Content and Verification**

I certify that all of the information provided in this application is true and complete. I understand that the falsification, misrepresentation or omission of information on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I authorize the investigation of any and all statements contained in this application, including but not limited to an investigation into my criminal record, if any, my motor vehicle driving record if part of my duties include driving a vehicle, my past and/or current employer(s), and any other information which may be helpful in making a hiring decision. I release such persons and organizations from any legal liability resulting with their providing such information.

I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to fill out a new application and file it with the company. Otherwise, the company will not consider me for employment after this application expires.

**I have read, understand and agree to the above statements. Applicant Signature:** \_\_\_\_\_

**Pre-Employment Testing**

I understand that ERMC has a commitment to maintain an alcohol/drug-free workplace and that ERMC, unless prohibited by state law, may require a drug screening test as a part of its hiring process. If it is determined my specimen contains a prohibited controlled substance or was altered or substituted, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug-testing under certain circumstances during my employment. If ERMC deems that I have not satisfactorily met its criteria for drug and/or alcohol testing, my employment will be terminated.

I understand that if I am extended an offer of employment that I may be required to undergo a pre-employment physical examination, and I consent to the release of any medical information deemed necessary to judge my capability to do the work for which I am applying if such medical examination is conducted.

**I have read, understand and agree to the above statements. Applicant Signature:** \_\_\_\_\_

**Confidentiality and Non-Compete**

I agree not to impart to any third party any of ERMC's confidential or proprietary information. I further agree (if hired) not to entice away, discourage any contractual relationship, or otherwise interfere with any business relationship of ERMC with any of its customers. ERMC, in addition to and without limiting any other remedy or right it may have at law or in equity, shall be entitled to protect its interests by specific performance and the right to enjoin me from engaging in such prohibited practices. I acknowledge that I may be required to sign a separate confidentiality and non-competition agreement as a condition to employment.

**I have read, understand and agree to the above statements. Applicant Signature:** \_\_\_\_\_



### Voluntary Applicant Survey

Thank you if you choose to complete the following information.

Today's Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

#### Work Opportunity Tax Credit Program (WOTC)

ERMC participates in the WOTC program. This program is sponsored by the federal government to support efforts by companies to hire and retain employees. Your response to the statements below is voluntary and will help determine if ERMC can qualify for this program. Any information you provide will be kept confidential and will not affect your job, wages or taxes in any way.

**Yes – Check here if ANY of the following statements apply to you.**

- I am a member of a family that has received Temporary Assistance for Needy Families (TANF) for any of the following:
  - During the last four years
  - Stopped being eligible for TANF within the last two years because of limitations on how long the benefit could be received.
- I was referred here by a rehabilitation agency approved by the state or the Department of Veteran Affairs.
- I am 18-39 years of age and I am a member of a family that received food stamps within the last two years.
- I received Supplemental Security Income (SSI) benefits within the last two months.
- Within the past year, I was convicted of a felony or released from prison for a felony.
- I am a veteran and either:
  - A member of a family that received food stamps within the last two years
  - Entitled to compensation for a service-connected disability

**No – Check here if none of the statements above apply to you. (N/A)**

#### Hiring Incentives to Restore Employment (HIRE) Act

Another program sponsored by the federal government, the HIRE Act is aimed at providing hiring incentives to restore some of the jobs lost in the latest economic recession. Your response to the statements below is voluntary and will help determine if ERMC can qualify for this program. Any information you provide will be kept confidential and will not affect your job, wages or taxes in any way.

**Yes – Check here if any of the following statements apply to you.**

- I have been unemployed or have not worked for anyone for more than 40 hours during the 60-day period prior to today's date.

**No – Check here if none of the statements above apply to you. (N/A)**