APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer equal employment opportunities to all persons without regard to race, religion, age, sex, national origin, familial status or disability. The use of this form does not mean there are positions open and does not obligate us in any way. This application will remain on active file for a period of _____ months from the date of application.

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION								
Name (Print)(Last Name) (First Name)	(Middle Name)	Home or Nearest Phone Middle Name)					
Present Address	(Number)	(Street)						
(01)	(9,)		SSN	/	/			
(City)	(State)	(Zip)						
Are you over the age	e 18? Yes No If no, employme	ent is subject to verificatio	n that you are of r	ninimum legal age.				
What languages can	you read, speak and write fluently?							
	the United States? Yes No If ted States? Yes No	not a citizen can you provi	de Form 1-151 or	Form 1-94 as proof that	you can legally be			
Do you intend to remain permanently in the United States? Yes No								
Positions applied for How soon could you report to work?								
Type of employment Full-Time Part-Time Temporary Rate of pay expected /per hour								
What days and hours	s if part time? Days of the week	M-Tu-W-Th-Fr	Hours	a.m. to	p.m.			
		EDUCATION						
TYPE OF SCHOOL	NAME/ADDRESS OF SCHOOL	COURSES M	AJORED IN	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE			
Elementary				5 6 7 8				
High School				9 10 11 12	☐ Yes ☐ No			
College		Degree			☐ Yes ☐ No			
		EMPLOYMENT HIS	TORY					
Have you applied for	r a job with us before? Yes N	o Have you ever worked t	for us before?	Yes No				
How did you come to apply? Employment Referral Former Employee High School Recruitment College Recruitment Newspaper Ad Walk-In Other								
Have you ever been bonded? Yes No Have you ever been refused bond? Yes No If so, state reason and date								
Have you ever been discharged or requested to resign from a position? Yes No If so, explain								
Does present employer know you plan an employment change? Yes No								
Why do you desire to make a change?								
Have you ever held a position of trust (handling money or confidential material)? Yes No								
How much time have you lost from work during the past year?								

PRIOR WORK RECORD (start with most recent or present employer)

1.		_	
Name, Address & Phone of most recent employer			Telephone Number
Immediate Supervisor (Name & Position)		Date Hired	Starting Pay Rate
Your Job Title & Duties		Date Left	Last Pay Rate
Reason for Leaving			
2.			
Name, Address & Phone of employer			Telephone Number
Immediate Supervisor (Name & Position)		Date Hired	Starting Pay Rate
Your Job Title & Duties		Date Left	Last Pay Rate
Reason for Leaving			
3. Name, Address & Phone of employer	Telephone Number		
Immediate Supervisor (Name & Position)		Date Hired	Starting Pay Rate
Your Job Title & Duties		Date Left	Last Pay Rate
Reason for Leaving			
SEI Have you served in the United States Armed Force		ED STATES ARMED FOLD If yes, date active duty started	
Date duty ended?Which Branch of Service		rvice?C	Current Status
Starting rate?Ending rate?		F	inal Rank?
What were your duties?			
		EFERENCES atives or former employers)	
Name	Address	urves of former employers)	Telephone
Name	Address		Telephone
Name	Address		Telephone
"I certify that the information given by me on this applie to dismissal without notice, if and when discovered. I are ferences and any other persons to answer all questions any liability or damages because of having furnished su	cation is true in all resp uthorize the use of any a sasked concerning my a ach information. I furth	information in this application to validity, character, reputation and proper agree, if employed, that I am to	FION yed and it is found to be false in any way, I may be subject erify my statement, and I also authorize past employers, all evious employment record. I release all such persons from o work faithfully and diligently, to be careful and to avoid visor, and that my employment is terminable at the will of
Signature of Applicant			Date of Application



CONSENT FOR BACKGROUND AND REFERENCE CHECK FOR EMPLOYMENT

I,	hereby give my consent for
Professional Property Management, Inc., to check t	he references listed on my Application for
Employment and to perform a background check, inclu	uding but not limited to, a credit and criminal
background check.	
(All inquiries are to be used solely for the purpose of cons	sideration of available employment.)
Name	Today's Date (MM/DD/YYYY)
Address	Date of Birth (MM/DD/YYYY)
City, State, Zip Code	Social Security Number
	Driver's License Number
If you have lived at your current address less than two (2)	years, please provide your previous address.
Address	
City, State, Zip Code	
on, ome, hip code	
Signatur	e





MAINTENANCE CHECK-LIST

ONLY COMPLETE THIS PAGE IF APPLYING FOR SITE MANAGEMENT OR MAINTENANCE POSITION (PLEASE CHECK OFF THE ITEMS YOU ARE CABLE OF PERFORMING)

KITCHEN		LAUNDRY & HOT WATER HEATER		HEATING - VENTILATION - A/C	
REFRIGERATORS		Install Handicap Grab Bars		Flush Out Line	
Level Refrigerator		Install Paper Holder		Re-light Pilot Light	
Replace Compressors		Install Towel Bars		Repair Pop-Off Valves	
Replace Gaskets		Install Water Heater		Replace Thermostat	
Unclog Drain Lines		Replace Elements		GENERAL MAINTENANCE	
RANGE		Replace Hinges		Attic Insulation	
Install Hood Fan		Replace Paper Holder		Install Door Latches - Exterior	
Level Range	\Box	Replace Sink	\Box	Install Door Latches - Interior	
Repair Burners	П	Replace Towel Bars	百	Install Mini-Blinds	
Repair Range Clock	П	Replace Turn & Drop Stoppers	百	Install Screen Door	一
Replace Burners	П	Replace Washers	百	Pest Control	一
Replace Elements	Ħ	Replace Washing Machine Belts	Ħ	Repair Cabinet Doors	
OTHER KITCHEN	_	Replace Washing Machine Hoses	ă	Repair Countertops	\Box
Caulking	П	CARPETING		Repair Drywall	Ħ
Install Garbage Disposals	H	Install Carpet/Pad		Repair Floor Tiles	一
Locate/Repair Leaks	H	Shampoo Carpet	H	Repair Screen Door	H
Repair Faucets	H	Take Up Carpet/Pad	H	Repair Weather-stripping	H
Repair Garbage Disposals	H	ROOF & GUTTERS	ш	Replace Closet Door Guides	H
	H			•	H
Replace Aerators	님	Install Gutter Guards	님	Replace Doorknobs	H
Replace Faucets	님	Re-Nail	님	Replace Door Locks	님
Replace Rubber Throats	H	Repair Soffit & Facia	님	Replace Drawer Guides	님
Replace Sinks	님	Replace Gutters	닏	Replace Mailbox Locks	님
Replace Sprayers	닏	Re-Shingle	닏	Replace Shelving	닏
Replace Washers		Tar	Ш	Replace Trim Moldings	
LIGHT FIXTURES	_	EXTERIOR	_	Set Pre-Hung Door	닏
Replace Ballast	닏	Concrete Repairs	닏	Varnish	
Replace Fixtures	\sqcup	Install Railings	\sqcup	PHYSICAL DUTIES	
Replace Fluorescent Bulbs	Ш	Paint	\sqcup	Lifting up to 50 lbs	
BATHROOM		Paint Parking Stripes	Ш	Bending, Stooping	
TOILETS	_	Repair Chain Link Fence		Stretching or Reaching over head	
Adjust Tank Float	닏	Repair Patio Gates	빝	GENERAL CARPENTRY – List	
Pull Toilet/Replace Wax Ring	닏	Repair Patio Lights	닏		
Replace Flappers	님	Repair Screens	님		
Replace Tank Balls	H	Repair Vinyl Siding	님		
Replace Tank Kit	H	Repair Wooden Fence	H		
Unclog Toilet/Snake Line	Ш	Replace Aluminum Siding	님		
OTHER BATHROOM		Replace Screens	님		
Clean Shower Heads	H	Replace Windows	Ш		
Install Medicine Cabinet	H	ELECTRICAL			
Install Shower Doors	H	Install Breakers	님		
Repair Exhaust Fans	H	Install Ceiling Fans Install GFI Outlets	H		
Repair Sink Faucet	H		H		
Repair Tub Faucets	님	Install Light Fixtures	H		
Replace Exhaust Fans	H	Install Switches	H		
Replace Shower Doors	H	Install Telephone Jacks	H		
Replace Shower Heads	H	Replace Doorbells Replace Electric Eyes	H		
Replace Sink Faucet	H		H		
Replace Tub Faucets	Ш	Replace Smoke Alarm Batteries	H		
		Replace Smoke Alarms	Ш		
DO YOU HAVE ANY LIN	ЛІТА	TIONS THAT WOULD PREVENT YOU F	ROV	I PERFROMING ANY OF THE DUTIES AI	BOVE
		IF SO PLEASE LIST BE			
EMPLOYEE SIGNATURE					

2/01/02 1 PPM Form 1002