



APPLICATION FOR EMPLOYMENT

Please Print Clearly

**Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.
(Applicants will be tested for Illegal Drugs)**

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For _____ (list only one) Name _____

Email Address (REQUIRED) _____

Telephone Number () _____ - _____ Alternate/Cellular Telephone Number () _____ - _____

Present Address _____

_____ How long have you lived there ____ / ____ Years/Months Social

Security No. _____ Desired Salary/Hourly Rate _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired? Full-time Only Part-time Only Full or Part-time Only

(Specify Days/Hours) _____

How many hours can you work weekly? _____ Can you work nights? Yes No

Are you willing to work overtime? Yes No Date on which you can start work if hired _____

Have you previously applied for employment with this Company? Yes No

If yes, when and where did you apply? _____

Have you ever been employed by this Company? Yes No

If yes, provide dates of employment, location and reason for separation from employment. _____

If applicable, below list any other names by which you have been known which may be necessary to allow us to

confirm your work and educational record. For example, change of name, use of an assumed name, nickname,

etc. _____

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate ? Y or N	# of Years Complete d	Honors Received
High School					
College					
Graduate/					

Professional					
Trade or Correspondence					

MILITARY

Have you ever been in the armed forces? Yes No Branch of Service: _____ Number of Years _____

Are you now a member of the National Guard? Yes No
 Specialty _____ Date Entered _____ Discharge Date _____

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see résumé."

EMPLOYER

Name _____
 Address _____
 Type of Business _____
 Telephone (_____) _____ Dates Employed From ____ / ____ / ____ To ____ / ____ / ____
 Job Title _____ Duties _____
 Supervisor's Name _____

May we contact? Yes No If No, why not? _____
 Wages Start _____ Final _____
 Reason for Leaving? _____
 What will this employer say was the reason your employment terminated? _____
 Were you ever disciplined? If so, for what? _____
 How much notice did you give when resigning? If none, explain. _____

EMPLOYER

Name _____
 Address _____
 Type of Business _____
 Telephone (_____) _____ Dates Employed From ____ / ____ / ____ To ____ / ____ / ____
 Job Title _____ Duties _____
 Supervisor's Name _____

May we contact? Yes No If No, why not? _____

Wages Start _____ Final _____ Reason for Leaving? _____

What will this employer say was the reason your employment terminated? _____

Were you ever disciplined? If so, for what? _____

How much notice did you give when resigning? If none, explain. _____

Have you ever been terminated or asked to resign from any job? Yes No If Yes how many times? _____

Has your employment ever been terminated by mutual agreement? Yes No If Yes how many times? _____

Have you ever been given the choice to resign rather than be terminated?

Yes No If Yes how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e. supervisor, co-worker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who you know that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

DRIVING INFORMATION (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license? Yes No If yes, License No.: _____

State: _____ Expiration Date: _____ Operator Commercial (CDL) Chauffeur

If you do not have a driver's license for the state in which you currently reside, why not?

Has your license ever been suspended or revoked? Yes No If yes, explain:

Do you have personal automobile insurance? Yes No If no, explain:

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? Yes
No

If yes, explain:

Have you had any accidents during the past three years? Yes No How Many? _____

Have you had any moving violations during the past three years? Yes No How Many? _____

Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Housing Residential Management Services (hereinafter called "The Company"), I agree that:

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company HAS a drug-free workplace and a drug and alcohol testing program consistent with applicable federal, state, and local law. The Company has such a program and I am offered a conditional offer of employment, I understand that a pre-employment (post-offer) drug and alcohol test is positive, the employment offer will be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, are subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contract.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days and further that any time during the probationary period of thereafter, my employment relation with the Company is terminable at will for any reason by either party.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ Date ____ / ____ / ____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.

BACKGROUND CHECK DISCLOSURE

HRM Services, LLC may obtain a consumer report(s) (also known as a background check report) about you from a consumer reporting agency for employment purposes, including as an applicant for employment or from time to time during your employment.

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK.

INVESTIGATIVE CONSUMER REPORT DISCLOSURE

HRM Services, LLC (the “Company”) may request an investigative consumer report on you. An investigative consumer report is a type of consumer report that involves personal interviews conducted for the Company by a consumer reporting agency (CRA), commonly with an individual’s prior employers or references. The investigative consumer report may include information about your character, general reputation, personal characteristics, and/or mode of living. You have the right to request more information about the nature and scope of any investigative consumer report obtained on you by contacting the Company.

Additionally, the federal Fair Credit Reporting Act gives you specific rights in dealing with CRAs. You will find these rights summarized in a separate document titled A Summary of Your Rights Under the Fair Credit Reporting Act.

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK.

AUTHORIZATION FOR BACKGROUND CHECKS

I instruct and authorize **HRM Services, LLC** (the "Company") to obtain a consumer report(s) (or background check report(s)) on me, including any investigative consumer reports and any consumer credit reports.* I also agree that a copy of this form is valid like the signed original.

The consumer reporting agency (CRA) ADP Screening and Selection Services, Inc. (ADP SASS) will conduct the background check and prepare the background check report for the Company. ADP SASS is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933, or at www.adpselect.com.

I understand that, as allowed by applicable law, the Company may rely on this authorization to order additional background check reports, including investigative consumer reports and any consumer credit reports* (1) during my employment or time as a volunteer or independent contractor, as applicable, and (2) from any CRA other than ADP SASS without asking me for my authorization again. I understand the Company may order background check report(s) under my legal name and any other names I may have used.

I also instruct and authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to me: credit history*; public records; a Social Security number verification; driving records; military service; credentials/certifications; worker's compensation injuries; and verification of prior employment and education.

***I understand that I am instructing and authorizing the Company to obtain a consumer credit report only to the extent permitted by law. If I reside or anticipate being employed in New York City, I understand that I am not being asked to authorize a consumer credit report by signing this document.**

By signing below, I understand that I am agreeing to the terms contained in this document.

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

Please print your full legal name:

Last Name _____ First _____ Middle _____

Signature

_____/_____/_____
Today's Date (Month/Day/Year)

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the Consumer Reporting Agency (CRA) in completing a background check on you.

First Name Middle Name (required) Last Name Suffix

Email Address: _____ @ _____

For Identification Purposes Only: Date of Birth ____ / ____ / ____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Nickname(s) Used _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

I _____ disclose that I have a criminal history (convicted of a crime) in the State of Missouri Yes No

Addresses Within The Past Seven Years (use a separate sheet as needed)

*Present Street Address _____

City/State/ZIP _____

From ____ / ____ / ____ (Month/Day/Year) To ____ / ____ / ____ (Month/Day/Year)

*Prior Street Address _____

Prior City/State/ZIP _____

From ____ / ____ / ____ (Month/Day/Year) To ____ / ____ / ____ (Month/Day/Year)