

APPLICATION FOR EMPLOYMENT

A. GENERAL INFORMATION							
Name:		Driver's License No. & State:			Date:		
Previous Last Name Used:	Current Street	Address:					
City:	State:	Zip: Area Code & Phone No		umber:			
If not a resident at current address for 2 years, give pre address & phone number:			us Lived There From:		То:		
Are you a United States citizen or legally authorized to work in the United States? (All persons; upon hiring, must verify eligibility to be employed in the United States.)							
List states and counties of residence for the past $\underline{7}$ years:							
CRIMINAL HISTORY DISCLOSURE : It is the policy of At Home Apartments to inquire about an applicant's criminal history at the time of an interview, or if there is no interview, after a conditional offer of employment is made, & may make employment decisions on this basis depending on the nature of the applicant's criminal history & position sought.							
Do you have any relatives or friends working for this company? ☐ Yes ☐ No If yes, give name and department:							
Have you ever worked for this comp	any before?] Yes	□ No	If yes	s, when and in wh	nat department/location?	
In case of an emergency, who should we notify?					Phone Num	ber:	
B. JOB INTEREST							
Position Applying For: Referred By:							
Type of employment desired (check all that apply): ☐ Full-time ☐ Part-time ☐ Temporary ☐ Summer							
Shift Preference:			Salary [Desired:			
Are you willing to work overtime? ☐ Yes ☐ No Are you willing to work weekends? ☐ Yes ☐ No							
Are you willing to travel? ☐ Yes ☐ No If yes, how often?							
			Are you 18 or over? ☐ Yes ☐ No				
C. EDUCATION							
Name & Address of School	Attended		d you gra		List Dip	oloma or Degree	
High School			res Attending	□ No			
College or University			Yes Attending	□ No			
Trade or Other			Yes Attending	□ No			

D. PROFESSIONAL	REFERENCES		
Please list two persons w	who know of your qualifications and	work abilities (do not include	relatives):
Name:	Address:	Phone Number	
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	VOUS EVELO		
	YOUR EMPLOY	MENT HISTORY	
time, including part-time	ployment History beginning with work, military service or unen NOTE: Resumes may be included	nployment. If additional spa	ace is needed, please attach
E. CURRENT EMP	LOYER NAME & ADDRESS	May we contact for	or reference? Yes No
Job Title:	Ending Wage:	Supervisor:	Phone Number:
Job Tide.	Linding Wage.	Supervisor.	()
Start Date:		End Date:	, ,
MONTH:	YEAR:	MONTH:	YEAR:
Description of Your Dutie	25:	_ 	
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Doncon For Longings			
Reason For Leaving:			
F. EMPLOYER NAI	ME & ADDRESS		
T. EMPLOTER NAI	TE & ADDRESS		
Job Title:	Ending Wage:	Supervisor:	Phone Number:
			()
Start Date:	I	End Date:	
MONTH:	YEAR:	MONTH:	YEAR:
Description of Your Dutie	es:		
Reason For Leaving:			
3			
G. EMPLOYER NA	ME & ADDRESS		
Job Title:	Ending Wage:	Supervisor:	Phone Number:
			()
Start Date:		End Date:	1
MONTH:	YEAR:	MONTH:	YEAR:
Description of Your Dutie	es:		
Reason For Leaving:			
3			

H. EMPLOYER NAI	ME & ADDRESS		
Job Title:	Ending Wage:	Supervisor:	Phone Number:
Start Date: MONTH:	YEAR:	End Date: MONTH:	YEAR:
Description of Your Dutie	S:		
Reason For Leaving:			
I. SPECIAL SKILLS	& QUALIFICATIONS		
Please summarize special	skills, qualifications, certification	ons, etc.:	
		AND CONSENT	
this application or, if emplorules and regulations of the employment can be termine Employer or myself. I und No supervisor, representate enter into any agreement in modification of the above terms.	byed, dismissal. I understand the Employer, and further agreenated, with or without cause, a erstand and agree that these to cive, agent, or other employee for employment for a specified e terms, nor can any policies or	nat in consideration of my emple that my employment and cond with or without notice, at an erms can only be modified in who of the Employer has now or haperiod of time, or to make any practices of the Employer eithe	tion may result in the rejection of oyment, I agree to conform to the ompensation are At-Will, meaning my time at the option of either the riting and signed by the President. as had in the past the authority to agreement which is contrary to ore written or oral, modify the above
•	and agree to take any physical administered in compliance with		nent test, including drug screening es Act.
verification to the Employ attached resume. In addi companies, employers and any and/or all of them, inc Employer, should they empthe Employer to conduct of compliance with the proving attached to the compliance with the compliance with the complex attached to the complex a	er, its representatives or ager tion, I hereby agree to hold had don't heir representatives from luding the Employer, as a resul- ploy me, to release employment credit, police, criminal and driving	nts, any and all information searmless and to release from all any and all claims that I may be of them furnishing information references, regardless of my ering record inquiries, or any other ng Act, 15 U.S.C. Section 168	or their representatives to furnish et forth in this application and/or liability all said persons, schools, have, or which may arise, against n to the Employer. I authorize the mployment status. I also authorize er employment related inquiries in 1, et. seq. I understand that the f these inquiries.
	ion will be active for employn t, I must contact the Employer		s. After 30 days, if I wish to be being accepted.
I have read, understand a	nd agree with this statement.		
		 Date	