



Employment Application

Present Employer	Phone #	Hire Date	Date Left	Starting Pay	Ending Pay
Address	Supervisor Name		Job Title	Reason for Leaving	

Previous Employer	Phone #	Hire Date	Date Left	Starting Pay	Ending Pay
Address	Supervisor Name		Job Title	Reason for Leaving	

Previous Employer	Phone #	Hire Date	Date Left	Starting Pay	Ending Pay
Address	Supervisor Name		Job Title	Reason for Leaving	

Previous Employer	Phone #	Hire Date	Date Left	Starting Pay	Ending Pay
Address	Supervisor Name		Job Title	Reason for Leaving	

REFERENCES:

Business					
	Name	Address	Phone	Years Known	Profession

Business					
	Name	Address	Phone	Years Known	Profession

Personal					
	Name	Address	Phone	Years Known	Profession

IN CASE OF EMERGENCY NOTIFY				
	Name	Address	Phone	Relationship



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EMPLOYMENT SCREENING DISCLOSURE AND AUTORIZATION FORM

Per Section 604 of the Fair Credit Reporting Act of 1996, this is to inform you that a Consumer Report for Employment Purposes will be obtained on all employees applying for positions as managers, assistant managers and leasing agents. Princeton Property Management requires credit background checks on these employees due to employee access to residents' homes and personal information.

By signing this document you are authorizing the procurement of such a report.

You are also advised that the information from a Consumer Report for Employment Purposes will not be used in violation of any applicable federal or state Equal opportunity law or regulation.

You are also informed that before taking adverse action in whole or in part based on the Consumer Report for Employment Purposes, the company will Provide you:

A copy of the Consumer Report for Employment Purposes; and

A copy of your rights, in the approved FTC format.

Please be advised that we may also obtain a reference check on you for employment purposes. The reference check, also referred to as an investigative consumer Report, may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable.

The Fair Credit Reporting Act provides you with the right to request, in writing within a reasonable amount of time, a disclosure of the nature and scope of the investigative report. The disclosure shall be made in writing and mailed, or otherwise delivered, to you no later than 5 days after the date on which your request is received or 5 days after the date on which the report was first requested, whichever is later. You may also request a Summary of Your Consumer Rights under the Fair Credit Reporting Act as prepared by the Federal Trade Commission. These can be obtained at no charge.

To obtain a disclosure of the nature and scope of the investigative report, please provide us a written request. To obtain a Summary of Your Consumer Rights, simply let us know that you would like a copy.

I have read and understand each of these statements and agree by affixing my signature below.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

NOTES:



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VERIFICATION AND SIGNATURE:

1. I authorize the investigation of all matters which the Company deem relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any persons (such as former supervisors) or employers supplying it. I also release you from all liability which might result from making the investigation.
2. I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsifications, misrepresentations or omissions, as well as any misleading statements or omissions, will result in denial of employment or immediate termination, regardless of when and how discovered.
3. I understand that I may be required to submit to a pre- or post-employment physical or other professional; examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at the Company's expense. I authorize release of the results to the Company and their use to evaluate my suitability for employment. I also release the Company from all liability arising out of or connected with any examinations, inquiries and/or testing.
4. If employed, I agree to conform to the Company's rules and regulations as set forth now or hereafter in any of their operations and policy manuals and other communications. I understand that non-conformity is grounds for dismissal.
5. I understand that I may resign or be terminated, without cause or action, at any time unless otherwise stated in a written employment contract. I also understand that Freddy Lunt and Liz Zuanich are the only persons who will ever have authority to agree to any other terms and/or to enter into such contracts and that all such agreements for other terms of employment or contracts must also be signed by both parties. I also understand that unless otherwise stated in a written employment contract, the Company may change, interpret other policies (including wages, hours and working conditions) as it deems appropriate.
6. I have read and understand each of these statements. I have also reviewed all of the information provided in this application and in any supporting documents.

Yes No

SIGNATURE: _____ **DATE:** _____

Notes