



Employment Application

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

- Positions Desired:
- | | | |
|---|---|---|
| <input type="checkbox"/> Leasing Consultant | <input type="checkbox"/> Groundskeeper | <input type="checkbox"/> Pool Attendant |
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Maintenance Technician | <input type="checkbox"/> Other (<i>Please specify</i>): |
| <input type="checkbox"/> Property Manager | <input type="checkbox"/> Maintenance Supervisor | |

Please type or print. If you print, please do so in blue or black ink and write neatly. An illegible or incomplete application may preclude you from consideration.

PERSONAL INFORMATION			
Full Legal Name (As indicated on your Birth Certificate, Social Security Card, or Driver's License)			
First Name:	Middle Name:	Last Name:	
Current Address (Include Apartment # and P.O. Box if Applicable)			
Street:	City:	State:	Zip Code:
Primary Telephone Number (<i>Include area code</i>):		Email Address:	
Do you have a legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, are you able, after employment, to submit verification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18 years of age, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted or plead guilty to a felony or misdemeanor or been on or are currently on deferred adjudication or probation? (<i>A conviction will not necessarily bar you from employment</i>)			
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Nature of conviction:	City where convicted:	State where convicted:	Date of conviction: Mo. ____ Yr. ____
Do you have any relatives employed by the company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, list their names and relationship to you.	
How did you hear about this position? <i>Please specify source:</i>			
Do you have a physical condition which may limit your ability to perform the particular job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe how, with or without reasonable accommodation, you will be able to perform the related job functions:			

AVAILABILITY							
Are you seeking full-time or part-time employment? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			Hours Per Week: Min ____ Max ____		Date Available for Work:		
Please provide your availability (<i>check yes/no</i>):						<i>Maintenance Only:</i> Maintenance personnel must be available for on-call. Is there any reason that you could not take on-call? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Morning	Afternoon	Evening	Overnight	Weekends		Holidays
Yes							
No							

QUALIFICATIONS

Some positions require a valid driver's license. Do you currently possess a valid license? <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number:	State:	Expiration Date:
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List other experiences, skills, abilities, or recognition you feel should be considered in evaluating your qualifications for this position. (i.e. bilingual, EPA universal certification, etc.)

EDUCATION

Name of School:	City:	State:	Course of Study:	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational or Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No
GED				<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

Please list all present and past employment, beginning with your most recent employer. All areas need to be completed. Incomplete employment history may preclude you from consideration.

Start Date: Mo. _____ Yr. _____	End Date: Mo. _____ Yr. _____	Job Title:	May we contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name:		City:	State:
Telephone (Include area code):	Supervisor's Name:	Starting Salary: /	Ending Salary: /
Reason for Leaving:			
Description of Work:			

Start Date: Mo. _____ Yr. _____	End Date: Mo. _____ Yr. _____	Job Title:	May we contact ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name:		City:	State:
Telephone (Include area code):	Supervisor's Name:	Starting Salary: /	Ending Salary: /
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Company Name:		City:	State:
Telephone (Include area code):	Supervisor's Name:	Starting Salary: /	Ending Salary: /
Reason for Leaving:			
Description of Work:			

I authorize PME, LLC/DBA The Apartment Gallery to make an investigation of all information contained in this employment application, and I release from liability all companies and corporations supplying such information. I specifically release my current and former employers from liability for providing information to PME, LLC/DBA The Apartment Gallery. Upon termination of my employment for whatever reason, I release PME, LLC/DBA The Apartment Gallery from all liability for supplying any information concerning my employment to any potential employer. I authorize, PME, LLC/DBA The Apartment Gallery, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law upon request within a reasonable amount of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me., whether prior to my employment or if employed by PME, LLC/DBA The Apartment Gallery at any time thereafter. If requested, I agree to take a post-job offer physical examination at no personal expense conducted by a physician selected by PME, LLC/DBA The Apartment Gallery. I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated position.

I understand that PME, LLC/DBA The Apartment Gallery may test my various job skills or aptitudes as applicable to the job which I am applying.

I further understand that if I am employed, such employment is for an indefinite period of time and PME, LLC/DBA The Apartment Gallery may change wages, benefits, and conditions at any time. My employment is at will. No individual with the company is authorized to change the employment-at-will status except an officer of the company who may only do so in writing.

I certify that the above information is complete and true to the best of my knowledge. I understand that any false answers, statements, or implications made by me on the application or other required documents shall be considered sufficient cause for denial of employment or immediate discharge.

Signature of Applicant

Date