

## CAPITAL PROPERTY MANAGEMENT APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical/mental disability, severe/morbid obesity, medical condition, military/veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the company, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

**Date of Application** 

Position(s) Applied for

Print Name (Last, First, & Middle)					
Street Address		City	State	Zip Code	
Main Phone Number	Alternate Phone Number	Email	Email		
EMPLOYMENT EXPERIENCE Please list the names of your present or previous employers in chronological order with present or last employed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business reference additional page if necessary]					
Name of Employer		Supervisor	May we	contact?	
			□ Yes □	] No	
Street Address		Main Phone Number			
Dates Employed (Month/Year)					
From	То				
Job Title and Duties		Reason for Leaving			
	-				
Name of Employer		Supervisor	May we contact?		
			□ Yes □	□No	
Street Address		Main Phone Number			

Dates Employed (Month/Year)					
From	То				
Job Title and Duties		Reason for Leaving			
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Name of Employer		Supervisor	May we contact?		
			☐ Yes ☐ No		
Street Address		Main Phone Number			
Dates Employed (Month/Yea	r)				
From	То				
Job Title and Duties		Reason for Leaving			
Have you ever been involunt	arily terminated or asked to re	sign from any joh?	□ Yes □ No		
	army terminated or daked to te	Sign from any job			
If yes, please explain					
Please explain any gaps in yo	our employment history:				

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EDUCATION Please describe	e your educational bac	ckground in the ta	ble provided be	elow.		
	School Name	Years Completed	Diploma/ Degree (Yes/No)	Course of Study/Major	Specialized Traini Skills, or Extra- Curricular Activiti	
High School						
College/ University						
Graduate/ Professional School						
Trade School						
Other						
	ROFESSIONAL REFERENCES		who are <b>not</b> re	elated to you.	<b>'</b>	
	Please list three professional reference Name and Title				Phone Number or Email	

GENER	AL INFORMATION						
1.	Have you ev	er used another	name?		•••••		□ Yes □ No
2.	Is any addition	onal informatior	relative to nar	ne changes, use	e of an assumed	name, or nickn	ame necessary to
	enable a che	ck on your work	and education	al record?	•••••		□ Yes □ No
	a. If ye	s to either of the	e above, please	explain:			
3.	Have you ev	er worked for th	is company bef	ore?			□ Yes □ No
	a. If ye	s, please give da	ites and positio	n:			
4.	Do you have	friends and/or	relatives workir	ng for this comp	any?		□ Yes □ No
	a. If ye	s, name(s) and r	elationship(s):				
5.		e are you availa					
6.	Days/Hours	available to wor	k:				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7.	Are you avai	lable to work? [	☐ Full-time ☐ I	Part-time $\square$	Shift Work	Temporary	
8.	Minimum pa	ay/salary require	ed:		Per Hour \$	S Per M	onth \$
9.	If hired, wou	ıld you have a re	liable means of	f transportation	to and from wo	ork?	□ Yes □ No
10	). Can you trav	el if the positior	requires it?				□ Yes □ No
11	L. Can you relo	cate if the posit	ion requires it?				□ Yes □ No
12	2. Are you at le	east 18 years old	?				□ Yes □ No
	a. Note	e: If under 18, hi	re is subject to	verification that	t you are of min	imum legal age	
13	3. If hired, can	you present evi	dence of your id	dentity and lega	l right to work i	n this country?.	□ Yes □ No
14	1. Are you able	to perform the	essential job fu	nctions of the j	ob for which yo	u are applying v	vith or without
	-	accommodation	_	_	-		
	a. Note	e: We comply wi	th the ADA and	consider reaso	nable accommo	dation measure	es that may be

necessary for qualified applicants/employees to perform essential job functions.

## **APPLICANT STATEMENT AND AGREEMENT** Please read and initial each paragraph below. If there is anything that you do not understand, please ask. I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company. If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications. I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health. \_ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

severed and the remainder of this Agreement shall be enforceable.

Signature: Name (print): Date:	
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