



## Application for Employment

### GENERAL INSTRUCTIONS

1. Please write clearly or print information as requested.
2. Give clear and precise answers. The information you provide will be used to determine your qualifications for current and future vacancies
3. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities, or delay consideration of your application.
4. Within 3 days of the time of hire, federal regulations require that we request new employees to furnish proof of citizenship or legal authorization to work in the United States.

Professional Property Management, Inc. (PPM) is an equal opportunity employer with regard to the treatment of all employees and applicants for employment without unlawful discrimination as to: race, creed, color, national origin, sex, age, disability, marital status, veteran status, sexual orientation in all employment decisions, including but not limited to: recruitment, hiring compensation, training, and apprenticeship, promotion, upgrading, demotion, downgrading, transfer, lay-off and termination, and all other terms and conditions of employment.

NAME

PERSONAL

Last Name	First	Middle	Date					
Street Address			Home Telephone ( )					
City, State, Zip Code			Business Telephone ( )					
Were you previously employed by us? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Month & Year _____			Social Security #					
Are you related to a current PPM employee? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please name _____			If employed by PPM, Inc., can you submit verification of your legal right to work in the United States, prior to your starting date? (Driver's License, Social Security Card, Birth Certificate) Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please indicate the relationship, e.g., brother, sister, cousin, etc. _____								
Referred by: Employee <input type="checkbox"/> Advertisement <input type="checkbox"/> Agency <input type="checkbox"/> Self <input type="checkbox"/> Explain: _____			Salary Expected (Must be completed)					
Position Desired _____								
Please Specify the Hours and Days Available: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			Date Available to Begin Work					
	<b>Sun.</b>	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thur.</b>	<b>Fri.</b>	<b>Sat.</b>	Will you work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>FROM</b>								
<b>TO</b>								

**CRIMINAL RECORD**

(To Be Completed By All Applicants)

The term "convicted" includes an adjudication of guilt, a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of delinquency as a minor.

If you answer "yes" to any of the following questions, you must provide detail on the back of this application:

\*Have you ever been convicted (see definition above) of a felony: \_\_\_\_\_

\*Have you ever been convicted (see definition above) for the use, possession, sale, manufacture, or distribution of a controlled substance, drugs, or drug paraphernalia: \_\_\_\_\_

\*Have you ever been convicted (see definition above) of any crime other than minor traffic violations: \_\_\_\_\_

\*Are you a registered sex offender: \_\_\_\_\_

Note: Convictions will not necessarily bar you from employment. We will consider the number, nature, seriousness, and recency of the convictions in making our decision.

**DRUG AND ALCOHOL INFORMATION**

(For All Applicants)

All applicants for employment are required to submit to a drug and alcohol test after a conditional offer of employment has been made. The results of the drug and alcohol tests will be provided to PPM. If you are currently using illegal drugs or controlled substances, you are not eligible for employment. If you are hired by PPM and use illegal drugs or controlled substances after you have been employed, you will be subject to disciplinary action or termination. This policy does not apply to the use of medications which have been prescribed for an individual by a licensed medical practitioner and which are used strictly in accordance with the prescription and PPM policies.

\*Are you currently engaged in the unlawful use of any illegal drug or controlled substance: \_\_\_\_\_

Do you have a valid state issued driver's license? Yes  No

Specify State \_\_\_\_\_

License Number \_\_\_\_\_

Do you have automobile insurance equivalent to \$100,000 / \$300,000 liability? Yes  No

**Please note:** You must have a valid driver's license to operate a PPM vehicle or your own vehicle when conduction company business.

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School	Name and Location	Course of Study	Years Completed	Did you Graduate?	Degree or Diploma
High School					
College/Other					
College/Other					
College/Other					

**Membership in Professional or Civic Organization/Other Special Training or Skills**

*(Exclude those which may disclose your race, color, religion, or national origin)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your training and employment experience will be used to determine whether you meet the entrance requirements for this position and to measure your knowledge, skills and abilities in competing for this job. Therefore, please provide a full and accurate description of the responsibilities, achievements, and proficiencies in your jobs and other pertinent life experiences. Include self-employment, volunteer experience, and any non-employment periods. **Deletion of breaks in employment may slow the process for your consideration.**

**NOTE:** Resumes may be attached, however, **NOT in lieu** of completing this section.

EMPLOYMENT

1

Company Name	Telephone
Address	Employed (State month & year) From                      To
Name of Supervisor	Salary Start                      Last
State Job Title and Describe Your Work	Reason for Leaving

2

Company Name	Telephone
Address	Employed (State month & year) From                      To
Name of Supervisor	Salary Start                      Last
State Job Title and Describe Your Work	Reason for Leaving

3

Company Name	Telephone
Address	Employed (State month & year) From                      To
Name of Supervisor	Salary Start                      Last
State Job Title and Describe Your Work	Reason for Leaving

4

Company Name	Telephone
Address	Employed (State month & year) From                      To
Name of Supervisor	Salary Start                      Last
State Job Title and Describe Your Work	Reason for Leaving

5

Company Name	Telephone
Address	Employed (State month & year) From                      To
Name of Supervisor	Salary Start                      Last
State Job Title and Describe Your Work	Reason for Leaving

**For Maintenance and Resident Manager Applicant's Only**

On a scale of 1—10, 10 being highly skilled, please rate your expertise on the following skills:

Plumbing	_____
Heating	_____
Cooling	_____
Carpentry	_____
Drywall Repair	_____
Hot Water Furnaces	_____
General Minor Maintenance	_____

Please list the names, addresses, and phone numbers of three references (NO relatives please). Indicate "Associated as:" Friend, Employer, Instructor, etc. Complete phone numbers will speed the process.

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Name _____	Associated as: _____
Occupation _____	Years Known: _____
Address _____	
Home Phone No. _____	Business Phone No. _____

Name _____	Associated as: _____
Occupation _____	Years Known: _____
Address _____	
Home Phone No. _____	Business Phone No. _____

Name _____	Associated as: _____
Occupation _____	Years Known: _____
Address _____	
Home Phone No. _____	Business Phone No. _____

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in dismissal.

I authorize PPM, Inc. at this time or in the future to review any information about me contained on the internet.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that I must provide PPM, Inc. with a driving record (reimbursable) and proof of automobile insurance at my second interview if I am requested.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

We may contact your past employers listed in this application unless you indicate those you do not want us to contact.

Employer Number(s) _____	Reason _____
Signature _____	Date _____