

perennial

PROPERTIES

EMPLOYMENT APPLICATION

Perennial Properties is an Equal Opportunity Employer and we comply with all federal, state and local laws and ordinances which prohibit discrimination against qualified applicants and employees.

Type of Position Desired:

How did you learn about us? Advertisement Friend
 Employment Agency Employee Referral By: _____

PERSONAL DATA

First Name	Last Name	Middle	Date of Birth
Social Security Number	Telephone Number	Email Address	
Address: <i>(Street Number and Name, Apt. Number, City, State, Zip Code)</i>			Length of time at residence?
Previous Address: <i>(Street Number and Name, Apt. Number, City, State, Zip Code)</i>			Length of time at residence?
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever used a different name for school or work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list full name(s)			
Do you have any relatives who work for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) and departments			
If selected for a position, would you be able to provide valid documentation verifying your legal ability to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you atleast 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Weekends <input type="checkbox"/> Over Time <input type="checkbox"/> Temporary			
Are there any hours or days that you cannot work?			
Do you speak, read, or write any languages other than English? <input type="checkbox"/> Yes Explain: <input type="checkbox"/> No			

EDUCATION AND TRAINING

Indicate the highest level of education completed:

High School 9 10 11 12 Technical 1 2
 College/University Fr. So. Jr. Sr. Grad School 1 2

Name of School/College	Location City/State	Major	Did you Graduate?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Computer Skills (please list software and version)

LICENSES AND CERTIFICATIONS

Do you have any professional or vocational licenses (real estate, plumbing, electrical, HVAC, etc.) or certifications (NALP, CAMT, CAM, CAPS) that relate to the job for which you are applying?

Yes No

If yes, please describe below:

License or Certification	From where	Issue Date	License Number

BACKGROUND

Criminal convictions are not an absolute bar from employment by the Company. Applicants for all positions must accurately answer all questions below.

Have you ever been convicted of a crime for violating any law, plead guilty to or received deferred adjudication, or been placed on parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Are you currently on deferred adjudication, probation, parole, or suspended sentence for any conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Do you own an automobile?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a current, valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have current auto insurance as required by state law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your license been revoked or suspended during the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Driver's License Number:	State Issue:	Expiration:

EMPLOYMENT HISTORY

Please provide your work history for the preceding five employers or past five years starting with the most current employer.

Employer	<input type="checkbox"/> Regular <input type="checkbox"/> Temp	<input type="checkbox"/> FT <input type="checkbox"/> PT	Employment Dates From: To:	Salary Start: \$ _____ Per ____ End: \$ _____ Per ____
Employer Address (<i>Street Number and Name, City, State, Zip Code</i>)				Telephone Number ()
Type of Business	Supervisor's Name and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List your Job Title and Description of Duties:				
Reason for Leaving: <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Quit without Notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other				
Explain:				

Employer	<input type="checkbox"/> Regular <input type="checkbox"/> Temp	<input type="checkbox"/> FT <input type="checkbox"/> PT	Employment Dates From: To:	Salary Start: \$ _____ Per ____ End: \$ _____ Per ____
Employer Address (<i>Street Number and Name, City, State, Zip Code</i>)				Telephone Number ()
Type of Business	Supervisor's Name and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List your Job Title and Description of Duties:				
Reason for Leaving: <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Quit without Notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other				
Explain:				

Employer	<input type="checkbox"/> Regular <input type="checkbox"/> Temp	<input type="checkbox"/> FT <input type="checkbox"/> PT	Employment Dates From: To:	Salary Start: \$ _____ Per ____ End: \$ _____ Per ____
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Type of Business	Supervisor's Name and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List your Job Title and Description of Duties:				
Reason for Leaving: <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Quit without Notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other				
Explain:				

Employer	<input type="checkbox"/> Regular <input type="checkbox"/> Temp	<input type="checkbox"/> FT <input type="checkbox"/> PT	Employment Dates From: To:	Salary Start: \$ _____ Per ____ End: \$ _____ Per ____
Employer Address (<i>Street Number and Name, City, State, Zip Code</i>)				Telephone Number ()
Type of Business	Supervisor's Name and Title		May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List your Job Title and Description of Duties:				
Reason for Leaving: <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Quit without Notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other				
Explain:				

EMPLOYMENT HISTORY (CONTINUED)

Employer	<input type="checkbox"/> Regular <input type="checkbox"/> FT <input type="checkbox"/> Temp <input type="checkbox"/> PT	Employment Dates From: To:	Salary Start: \$ _____ Per ____ End: \$ _____ Per ____
Employer Address (<i>Street Number and Name, City, State, Zip Code</i>)			Telephone Number ()
Type of Business	Supervisor's Name and Title	May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List your Job Title and Description of Duties:			
Reason for Leaving: <input type="checkbox"/> Resigned with Notice <input type="checkbox"/> Quit without Notice <input type="checkbox"/> Terminated <input type="checkbox"/> Laid Off <input type="checkbox"/> Other			
Explain:			

Please explain all periods of unemployment between jobs: _____

Have you ever been terminated from employment or asked to resign by any employer? Yes No
If yes, please explain: _____

Have you ever served in the US military? Yes No
If yes, list dates of service, highest rank held, and rank at discharge: _____

JOB DESCRIPTION RECEIPT

Have you received a copy of the job description for which you are applying? Yes No
If yes are you able to perform the functions of the position with or without reasonable accommodations?
 Yes No If no, please explain:

AUTHORIZATION AND CERTIFICATION BY EMPLOYMENT APPLICANT

This is a very important notice. Please read thoroughly before signing.

I authorize the Company to inquire of or write to any or call any or all of my previous employers and references for full information concerning my previous employment, education or other information concerning my background, personal or otherwise, with regard to the subjects covered by this application and I release all such parties from all liability for any damage that may result from furnishing such information to the Company.

I authorize the Company to make any necessary investigations into my personal history, including but not limited to criminal background, credit history and driving records, as it may relate to my employment with the Company, through any investigative agencies or bureaus of the Company's choice.

I understand and agree that:

All of the foregoing information I have supplied in this application is a full and complete statement of the facts. Should any falsification or withholding of information be discovered, it is understood that rejection of employment will result, or if currently employed, termination of employment will occur.

This application is not a contract or guarantee for employment or continued employment and no agreement to the contrary will be effective. Employment with Perennial Properties is on an at will basis and is for no definite period of time. Either the Company or I can terminate the employment with or without notice, cause or prior notice.

Although we make every effort to accomodate individual preferences, business needs may at any time make the following changes: overtime, change in location, travel, rotating work schedule, work schedule other than Monday - Friday, and work hours. I understand and accept these as conditions of my continuing employment. Additionally, I am aware that my employment is conditional on operational requirements.

Pursuant to the provisions of the Immigration Reform Act, I will be required, as a condition of employment to verify in writing and provide documentation which establishes that I am legally able to work in the United States.

I understand that the completion of this application does not mean that I am being offered employment or an employment contract.

Signature

Print Name

Date

This application shall be considered active for thirty (30) days. After that time, if you would like to re-apply, you may do so.