

APPLICATION FOR EMPLOYMENT INN-TOWN HOMES AND APARTMENTS

PLEASE PRINT ALL INFORMATION
REQUESTED EXCEPT FOR

PLEASE COMPLETE PAGES 1- 3 .

DATE: _____

Name: _____
Last
First
Middle

Present address: _____
Number
Street
City
State
Zip

Cell phone number: _____ Email address: _____

Are you eligible to work in the United States? Yes No Are you at least 18 years of age? Yes No

How did you hear about our job opportunity? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY (Please check one)

How many hours can you work weekly? _____ Can you work evenings and weekends? Yes No

When are you available to start work? _____

Days/hours available to work. Please fill out table below indicating which hours on each day you would be available to work.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

Educational Background.

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YRS.COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

Have you ever been convicted of a crime? Yes No (Check one)

If yes, explain number of conviction(s), nature of offense(s) leading to convictions, and how recently such offense(s) was/were committed? _____

WORK EXPERIENCE

Please list your last three work experiences beginning with your most recent job held.

Name of Employer, Address, Phone #	
Name of last supervisor	
Employment Dates	From: _____ To: _____
Pay or Salary	Start: _____ Final: _____
Your last job title	
Jobs you held, duties you performed, skills used or learned	
Reason for leaving (be specific)	

Name of Employer, Address, Phone #	
Name of last supervisor	
Employment Dates	From: _____ To: _____
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Name of Employer, Address, Phone #	
Name of last supervisor	
Employment Dates	From: _____ To: _____
Pay or Salary	Start: _____ Final: _____
Your last job title	
Jobs you held, duties you performed, skills used or learned	
Reason for leaving (be specific)	

May we contact your current employer? Yes No

Driver's License Information

The posted job might require driving around a company vehicle. Please fill out the information below for insurance purposes.

Do you have a driver's license? Yes No

Driver's License Number _____ State of issue _____

(Please check one) Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? Yes No (Please check one)
If yes, how many? _____

Have you had any moving violations during the past three years? Yes No
If yes, how many? _____

Please list two references other than relatives.

Name _____
Position _____
Company _____
Address _____
Telephone(____) _____

Name _____
Position _____
Company _____
Address _____
Telephone(____) _____

An application sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. By signing this application I authorize management to verify the accuracy of any or all information listed above. I also authorize management to do a background check.

Signature _____

Date _____