

**AMERICAN APARTMENT MANAGEMENT COMPANY, INC.**

**An Equal Opportunity Employer**

**APPLICATION FOR EMPLOYMENT**

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Please print and answer all questions. Applications are active for 30 days. Applications which are incomplete or older than 30 days will not normally be given consideration.

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Date of Application \_\_\_\_\_ Date Available for Employment \_\_\_\_\_

Position Applied For \_\_\_\_\_ Pay Desired \_\_\_\_\_

How did you learn of position applied for? \_\_\_\_\_

Do you prefer to work full-time or part-time?  Full-time  Part-time

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Name: \_\_\_\_\_  
Last First Middle Int Maiden

Present Address:

\_\_\_\_\_ Street Address

\_\_\_\_\_ City State Zip

Telephone Number: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Auto Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Auto Insurance Expiration Date \_\_\_\_\_

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Are you at least 18?  Yes  No

Have you previously applied for a job with our Company?  Yes  No

If so, please give date \_\_\_\_\_

Position Applied for \_\_\_\_\_

Have you ever worked for our Company?  Yes  No

If so, please give dates \_\_\_\_\_

Reason for Separation \_\_\_\_\_

Can you work any hours?  Yes  No  
If not, please explain \_\_\_\_\_

Can you work weekends?  Yes  No

Can you work nights?  Yes  No

Will you work overtime when necessary?  Yes  No

Are you able to be at your work location within 20 minutes after being called?  
 Yes  No \_\_\_\_\_

Have you ever been convicted of a felony?  
 Yes  No

Are you a U.S. citizen or are you legally eligible for employment in the United States?  
 Yes  No  
(Proof of identity and eligibility to work in the country will be required upon employment.)

Are you presently a party to any agreement regarding restrictions on competition, solicitation or disclosure of trade secrets or confidential information?  
 Yes  No

If yes, please explain: \_\_\_\_\_

Please list any of your relatives or friends employed by American Apartment Management Company, Inc. (State name and relationship): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged or asked to resign from a job?  Yes  No  
If yes, when, where and for what: \_\_\_\_\_  
\_\_\_\_\_

Describe your attendance record for the past three years and state the number of work days missed each year (do not include vacations or holidays): \_\_\_\_\_  
\_\_\_\_\_

Having been furnished a copy of the job description and having read same, are you presently able to perform all of the essential duties of the job for which you have applied?  Yes  No

Are you presently using or have you ever used illegal or non-prescription drugs for which you have not sought rehabilitation or been rehabilitated?  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

\*Conviction of a crime will not necessarily disqualify you from employment.

## Education and Training

	<u>Name of School/Location</u>	<u>Years Completed Degree/Major</u>
Grammar	_____	_____
High School	_____	_____
College	_____	_____
Other	_____	_____

Training Courses/Seminars, Correspondence Courses, Technical Schools, Night School, Special Awards, etc \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you served in the Armed Forces?  Yes  No

Which Branch: \_\_\_\_\_

Dates: \_\_\_\_\_

Was discharge other than honorable or general?  Yes  No

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## References

### List Three Personal References (not relatives):

Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Name \_\_\_\_\_  
Occupation \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

## Employment

**List all previous employers for the last ten years. (Starting with most recent)**

**Attach additional pages if necessary.**

Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Title \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Hourly Pay Rate \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor Name/Title \_\_\_\_\_  
May we contact this supervisor at the telephone number listed above?  Yes  No  
Comments: \_\_\_\_\_

Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Title \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Hourly Pay Rate \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Supervisor Name/Title \_\_\_\_\_  
May we contact this supervisor at the telephone number listed above?  Yes  No  
Comments: \_\_\_\_\_

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Occupation \_\_\_\_\_ Title \_\_\_\_\_  
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May we contact this supervisor at the telephone number listed above?  Yes  No  
Comments: \_\_\_\_\_

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Employer Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Title \_\_\_\_\_  
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Comments: \_\_\_\_\_

## Applicant Certification

I certify that the answers on this application are true to the best of my knowledge and belief. I have not knowingly withheld any facts or circumstances that would detrimentally affect my application for employment. I understand that any misleading or incorrect statement may render this application void, and would be cause for immediate dismissal, if employed.

I authorize American Apartment Management Company, Inc. to make any investigation and to obtain all lawful information in connection with this application which it deems necessary to confirm the statements that I make in this application, and to circulate such information to the appropriate persons who consider this application. I request and authorize all references and former employers to supply information about me verbally or in writing to American Apartment Management Company, Inc. In consideration for their furnishing such information, I hereby waive any claims against them which may arise from their furnishing such information. I also understand that American Apartment Management Company, Inc. maintains a drug-free workplace and has a Substance Abuse Prevention Process which includes drug testing. I agree to comply with this policy.

Nothing in this application constitutes an offer of employment or a contract of employment. I understand that if I am employed by American Apartment Management Company, Inc. there is no employment contract for a definite duration. I understand that my employment is at-will, that I have a right to terminate my employment at any time for any reason, and that the Company has a similar right. I understand that no company policy, practice or statement by any Company representative shall limit or alter this at-will relationship. I understand that the rules, regulations, policies, practices and procedures of American Apartment Management Company, Inc. are advisory in nature and may be changed by the Company at any time without notice.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of American Apartment Management Company, Inc. to ensure equal employment opportunity to all applicants and employees without regard to race, color, age, religion, sex, national origin, citizenship, handicap, familial status, or any other status protected under federal or state law.

AMERICAN APARTMENT MANAGEMENT COMPANY and the properties managed by AAMC, offer employment to individuals on an "At Will" basis. The company reserves the right to make changes to the guidelines or in the application of the guidelines as the company deems appropriate and any such changes may be made with or without notice.