



# 2150 Management Co.

## Employment Application

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services, and programs is available to all persons.

### Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_

Mobile phone \_\_\_\_\_

Date available for work \_\_\_\_\_

Do you object to working overtime if necessary? Yes  No

Can you travel if required by this position? Yes  No

Can you submit proof of legal employment authorization and identity? Yes  No

Have you been convicted of a crime, excepting marijuana convictions and traffic infractions? Yes  No

If yes, year \_\_\_\_\_ Explain conviction (does not automatically bar employment) \_\_\_\_\_

Driver's license number \_\_\_\_\_

(If applying for driving position)

Position applying for: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Education

Name and Location of School	Circle last year completed	Did you graduate?	Subjects studied or degree received
High School	1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College	1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Technical training	1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other skills	1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

### Additional Skills

**Describe skills relevant to the job for which you are applying**

SKILL	TYPE OF EXPERIENCE	LEVEL OF EXPERTISE
Office equipment, (typing speed, programs, etc.)		
Technical skills, professional licenses		
Computers		
Software		
Other		



# 2150 Management Co.

## Former Employers

*Please provide all employment information for last 3 employers starting with most recent.*

<b>Employer name</b>		Your job title	
Address			
Supervisor name		Supervisor phone	
Hire date		Leave date	
Starting pay		Ending pay	
Reason for leaving			
<b>Employer name</b>		Your job title	
Address			
Supervisor name		Supervisor phone	
Hire date		Leave date	
Starting pay		Ending pay	
Reason for leaving			
<b>Employer name</b>		Your job title	
Address			
Supervisor name		Supervisor phone	
Hire date		Leave date	
Starting pay		Ending pay	
Reason for leaving			

## References

*List 3 references (do not include relatives or employers)*

Name	Phone number	Years Known



# 2150 Management Co.

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I further agree that I will abide by all rules, regulations and policies of the potential employer and that failure to do so may be cause for termination.

I understand that it is the policy of the potential employer not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by ADA.

I understand that it is the policy of the potential employer not to refuse to hire or otherwise discriminate against a qualified individual with protected characteristics as defined by applicable state or federal law.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization no later than my first day of work. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, certify that all documents and communications I have submitted (whenever submitted and in whatever format) are true and correct to the best of my knowledge and belief, and that I seek employment under these conditions.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_