

Will you work weekends/ holidays if required?

Yes or No

May we contact your employer(s)

Yes or No

Are you aware of any physical limitations you may have that would affect your ability to carry out all job duties?

Yes or No

If yes, please explain: _____

Education:

High School (Name, City, State) _____ Years Completed _____

College/ Business / Trade School _____ Degree, Major _____

Work Related Information (Licenses, Professional, Registrations, Certifications, Training, etc.)

Computer Experience, please list (software, programs, etc.)

Describe your experience/ skills in property management, rent collection, unit inspections, tenant charges, government housing programs, RECDs (FmHA), Rural Development, HUD, Section 8 programs:

Do you have experience in ground and building maintenance or construction trades, if so please describe.

Special Training or Education:

Employment History

Present Employer: _____

Dates of Employment: _____ Job Title: _____ Hourly Rate: _____

Supervisor: _____ Phone#: _____

Employer Address:

Street City State Zip Code

Job Title: _____ Describe your duties: _____

Reason for Leaving:

Previous Employer: _____

Dates of Employment: _____ Job Title: _____ Hourly Rate: _____

Supervisor: _____ Phone#: _____

Employer Address:

Street City State Zip Code

Job Title: _____ Describe your duties: _____

Reason for Leaving:

Previous Employer: _____

Dates of Employment: _____ **Job Title:** _____ **Hourly Rate:** _____

Supervisor: _____ **Phone#:** _____

Employer Address:

Street **City** **State** **Zip Code**

Job Title: _____ **Describe your duties:** _____

Reason for Leaving:

Previous Employer: _____

Dates of Employment: _____ **Job Title:** _____ **Hourly Rate:** _____

Supervisor: _____ **Phone#:** _____

Employer Address:

Street **City** **State** **Zip Code**

Job Title: _____ **Describe your duties:** _____

Reason for Leaving:

Use additional paper if necessary.

Please explain any gaps in your work history. (Any unexplained employment gaps exceeding 30 days may dismiss you from further consideration I the employment process:

Reference: Names, address of three people, not relatives, who have knowledge of your skills, experience and ability.

Employee Acknowledgement:

I certify that the information, I have provided in applying for this position is true and complete to the best of my knowledge and belief. I give Weststates Property Management Co. permission to verify and/or disclose any information given in connection with this application for personnel employment purposes and acknowledges the fact that Weststates Property Management Co. will conduct a background check prior to employment. I understand that any misstatements or omission In the application materials may be caused for elimination from further consideration or dismissal if hired.

Signature: _____

Date: _____

Weststates Property Management Co. is an Affirmative Action/ Equal Opportunity Employer. Weststates Property Management provides equal employment opportunities to all employees and applicants for employment, without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, or the presence of handicaps or disabilities, or any other basis protect by state or federal law.

AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION OF RESIDENCY

I hereby authorize Weststates Property Management Company, and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer/criminal report to be generated for the purpose of initial qualification, certification for residency, re-certification for residency and/or termination/eviction, retention as a resident and if need be to assist in the collection of monies owed to Weststates Property Management Company by virtue of rent, utilities, damage fees, court costs and legal fees. I understand that the scope of the consumer report/investigative consumer/criminal report may include, but is not limited to the following areas:

Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal state county jurisdictions, birth records, motor vehicle records to include citations and registration and any other public records.

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any residency decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for residency, qualification, certification, re-certification, termination/eviction, retention as a resident and if need be to assist in the collection of monies owed to Weststates Property Management Company by virtue of rent, utilities, damage fees, court costs and legal fees. This authorization and consent shall be valid in original, fax and copy form.

I hereby release Weststates Property Management Company, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. You may contact me as indicated below. I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company residency regulations.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Name: (print) _____

First

Middle (full name)

Last

Maiden

Print All Former Names Used:

1. _____

2. _____

AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION OF RESIDENCY
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Social Security Number: _____ - _____ - _____ Sex: _____ Race: _____

Date of Birth: ____/____/____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Drivers License Number: _____ State of Issue: _____

May we contact your employers: _____ Y _____ N

Comments: _____

Residences in the previous 10 years (City & State)

City: _____ State: _____

City: _____ State: _____

City: _____ State: _____

City: _____ State: _____

DECLARATION

I, _____ hereby declare, under penalty of perjury,

that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States

_____ 2. A noncitizen with eligible immigration status as documented below. (Attached copy must be provided):

Admission Number: _____ or Alien Registration Number: _____

Applicant's Signature