

# APPLICATION FOR EMPLOYMENT INN-TOWN HOMES AND APARTMENTS

PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT FOR SIGNATURE

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: _____     |
| 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: _____     |
| 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 \_\_\_\_\_