



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

For Office Use Only:	
Work location:	_____
Rate:	_____
Position:	_____
Date:	_____
Regional Approval:	_____

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-related information.

Position Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment?

When could you start work? _____

Last Name	First Name	Middle Name	Telephone Number
_____	_____	_____	_____

Present Street Address	City	State	Zip Code
_____	_____	_____	_____

Are you 18 years of age or older? Yes No
 (If you are hired, you may be required to submit proof of age.)

Social Security # _____

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, give details _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)

EDUCATION

List Name and Address of Schools	Number of Years Completed				Diploma/ Degree/ Certificate
	1	2	3	4	
High School or GED					
Subjects Studied					
	Graduate				
College or University:					
Subjects Studied					
	Graduate				
Vocational or Technical					
Subjects Studied:					
	Graduate				

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

How many days of work have you missed during the past year? _____
 (Exclude absences due to disability or those covered by FMLA.)

Do you have a valid driver's license? Yes No

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Name of Employer Address City, State, Zip Code Telephone	Supervisor: May we contact them? Y or N
	Employed From / To /
	Pay Start \$ Final \$
Title	Reason for Leaving
Duties	
Name of Employer Address City, State, Zip Code Telephone	Supervisor: May we contact them? Y or N
	Employed From / To /
	Pay Start \$ Final \$
Title	Reason for Leaving
Duties	
Name of Employer Address City, State, Zip Code Telephone	Supervisor: May we contact them? Y or N
	Employed From / To /
	Pay Start \$ Final \$
Title	Reason for Leaving
Duties	
Name of Employer Address City, State, Zip Code Telephone	Supervisor: May we contact them? Y or N
	Employed From / To /
	Pay Start \$ Final \$
Title	Reason for Leaving
Duties	

REFERENCES

Have you worked or attended school under any other names? Yes No
If yes, give names: _____

Are you presently employed? Yes No
If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No
If yes, please explain: _____

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing, signed by an officer

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

SUPPLEMENT TO EMPLOYMENT APPLICATION

- A.) In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.
- B.) I understand that employment is conditional upon successfully completing a substance abuse screening test.
- C.) I also fully understand if hired that as a condition of employment I am prohibited during working hours from smoking inside any company owned, managed, or leased facility or the exterior property area on which said facility is located.
- D.) I understand that my compensation is paid in the form of an **electronic transfer (Direct Deposit)** to the financial institution of my choice.

Signature of Applicant

- E.) Do you have a **VAILD OHIO DRIVER'S LICENSE?** _____
- F.) Are you a smoker? _____
If yes, are you able to complete a full workday without smoking? _____
- G.) List any current Oakwood Management employee that referred you. _____
List any current Oakwood Management employee who is a relative. _____

LEASING AND MANAGEMENT POSITIONS PLEASE READ AND SIGN

- H.) I understand my first week as an employee of Oakwood Management Company will be spent in training. I understand that should I decide to terminate my employment during my first 60 days of employment, I will be responsible for reimbursing Oakwood Management Company a portion of the costs involved with the training class. This amount will be determined by taking the difference between the current minimum wage and my agreed hourly rate, then multiplying it by the number of hours spent in training. The amount shall not exceed \$300.00.

I UNDERSTAND THAT SHOULD I TERMINATE MY EMPLOYMENT DURING MY FIRST 60 DAYS, THIS AMOUNT WILL BE DEDUCTED FROM MY LAST PAYCHECK(S).

Employee Signature

Date

Supervisor Signature

Date

Property Name

*IN NO EVENT SHALL THE TRAINEE EARN LESS THAN MINIMUM WAGE.

FABCO

Recording the past - Protecting the future

FEDERAL ADJUSTMENT BUREAU, INC.

"A Private Corporation Since 1943 "

ROFILE REPORTING - CONSENT AGREEMENT

The undersigned does hereby consent that all information stated on the application may be verified and processed through FABCO, (a Profile Reporting Agency), 4640 Executive Dr., Columbus, OH 43220.

This may also include a credit and police report.

Thereby release all parties from any liability in connection with the provision and use of such information.

In signing this application, I certify that all information is complete and accurate. I hereby authorize you to conduct any investigation necessary, including rental history, employment history, credit history and criminal history.

You have the right to make a written request; within a reasonable period of time after receipt of this disclosure, to receive additional detailed information about the nature and scope of this investigation.

Applicant Signature

Date

Reference Checks

Name _____

Please use this form to record the information from the reference checks from the Work History area of the application.

Work Reference #1

Date of inquiry _____ Spoke With _____

Work Reference #2

Date of inquiry _____ Spoke With _____

Work Reference #3

Date of inquiry _____ Spoke With _____

Work Reference #4

Date of inquiry _____ Spoke With _____