

Application for Employment

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state employment laws.

General

Position Applying For

_____/_____/_____
Date

Full Name

Phone

Address

_____/_____/_____
Available Start Date

If employed and under 18, can you furnish a work permit? Yes No

Have you ever been employed by this company? Yes No

May we contact your present employer? Yes No If "yes", provide name: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status Yes No

Type of work desired

Wages desired

Do you have a valid driver's license in this state? Yes No License Number: _____

Can you perform the essential functions of job(s) for which you are applying? Yes No

Are you available for work: Full Time Part Time Overtime

Education

Elementary School

City

State

Grade Completed

Middle School

City

State

Grade Completed

High School

City

State

Grade Completed

College

City

State

Degree

Post Graduate

City

State

Degree

Other

City

State

Degree

Special Skills, Qualifications & Considerations

Summarize special skills, qualifications, volunteer activities, military expertise, employment or other activities related to the job you are seeking.

References

List three non-relatives who are familiar with your qualifications and actual work history and abilities.

Name	Occupation/Relationship	Years Known	Phone
Name	Occupation/Relationship	Years Known	Phone
Name	Occupation/Relationship	Years Known	Phone

Employment Experience

Start with your present or last job. List your last four in order. Do not omit any job.

Employer	From Month/Year	To Month/Year
Address		Phone
Job Position	Supervisor's Name	
Duties		
What did you most like about your job?		
What did you most like least your job?		
Reason for Leaving		

Employer	_____/_____/_____ From Month/Year	_____/_____/_____ To Month/Year
Address		Phone
Job Position	Supervisor's Name	
Duties		
What did you most like about your job?		
What did you most like least your job?		
Reason for Leaving		

Employer	_____/_____/_____ From Month/Year	_____/_____/_____ To Month/Year
Address		Phone
Job Position	Supervisor's Name	
Duties		
What did you most like about your job?		
What did you most like least your job?		
Reason for Leaving		

Employer	_____/_____/_____ From Month/Year	_____/_____/_____ To Month/Year
Address		Phone
Job Position	Supervisor's Name	
Duties		
What did you most like about your job?		
What did you most like least your job?		
Reason for Leaving		

I certify that all answers and statements I have made on this application are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

I will be responsible for familiarizing myself with all rules and regulations of the Company as they presently exist or are later modified. I recognize that my employment can be terminated at the discretion of the Company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement.

I also understand that no representative of SMI Property Management has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

I have read, understand and agree with the above.

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

SMI Property Management
3625 River Road N, Suite 125
Keizer, Oregon 97303

faxed to (503) 370-8015