

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Last Name	First	M.I.	Date:
Other Names Used (to verify employment/educational history)			
Present Address (No. & Street)			
City	State	Zip Code	Email:
Home Phone:	Cell Phone:	Are You Over Age 18: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Bi-Lingual: <input type="checkbox"/> YES <input type="checkbox"/> NO	Language:		

POSITION INFORMATION

Position Applied For:	Expected Rate of Pay: \$	Date Available:	
Location(s) Applied For:			
Availability:	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN		Hours Per Week:
Are You Able To Perform The Essential Functions Of This Position Either With or Without Reasonable Accommodation:			<input type="checkbox"/> YES <input type="checkbox"/> NO

If no, please describe the functions that cannot be performed:

PLEASE NOTE: We comply with the Americans with Disabilities Act, as amended, and applicable state and local law and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Offer may be made contingent on applicant passing a job-related physical examination and/or skill and agility testing. If you require accommodation in the application process, please contact the Recruiting Coordinator at 559-801-0730 or by email at careers@buckinghampm.com. This phone number is not for general employment inquiries.

If The Position For Which You Are Applying Requires Driving Of Any Vehicle

(You must be licensed and insured in order to hold any position that requires driving)

DRIVERS LICENSE Number (not State identification #):	Issuing State:	Class:	Expiration Date:
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EMPLOYMENT ELIGIBILITY

If employed, can you produce verification of your legal right to work in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(New employees are required to produce documents that verify their legal right to work in the United States and to declare under penalty of perjury that these documents are their own and genuine.)</i>	
Have you previously worked for or applied for a position with the Company, either as an employee or through an employment agency?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, where?	If so, when?
Do You Have Any Relatives Who Work For This Company:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever initiated an act of violence in your workplace?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Describe:

EDUCATION	Name/Location	Certificate/Degree Earned	Did You Graduate?
High School:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Trade School:			<input type="checkbox"/> YES <input type="checkbox"/> NO
College:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Graduate School:			<input type="checkbox"/> YES <input type="checkbox"/> NO
Other:			<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY & PERIODS OF UNEMPLOYMENT

For the past 7 years, you must include period of self-employment, school attendance, and other circumstances leading to gaps in employment. Use additional sheets if necessary. Must be completed even if you have submitted a résumé.

Company Name:	End Date:
Property Name:	Start Date:
Company Address:	# Units:
Job Title:	Corporate Phone:
Supervisor Name:	Supervisor Title:

DUTIES:

Reason for Leaving <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	Explanation:
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May we contact this employer and/or supervisor to verify your employment? YES NO

Company Name:	End Date:
Property Name:	Start Date:
Company Address:	# Units:
Job Title:	Corporate Phone:
Supervisor Name:	Supervisor Title:

DUTIES:

Reason for Leaving <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	Explanation:
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May we contact this employer and/or supervisor to verify your employment? YES NO

Company Name:	End Date:
Property Name:	Start Date:
Company Address:	# Units:
Job Title:	Corporate Phone:
Supervisor Name:	Supervisor Title:

DUTIES:

Reason for Leaving <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	Explanation:
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May we contact this employer and/or supervisor to verify your employment? YES NO

APPLICATION FOR EMPLOYMENT

CERTIFICATES, LICENSES AND PROPERTY MANAGEMENT EXPERIENCE

List Certificates:	
List Licenses:	[] Real Estate License
Please check which of the following you have experience:	[] Tax Credit [] HOME [] USDA Rural Development [] HUD [] YARDI
	[] CA Landlord/Tenant [] Fair Housing [] Microsoft Office Suite [] ADP

PERSONAL REFERENCES

Persons whom you have known for at least five (5) years and who have personal knowledge of your work skills and history. Do not include any relative unless the relative was your employer or manager and is so identified.

Name		Relationship	
Company		Phone	
Address		Years Known	
Name		Relationship	
Company		Phone	
Address		Years Known	
Name		Relationship	
Company		Phone	
Address		Years Known	

DISCLOSURES AND AUTHORIZATIONS: Please Read Carefully, Initial Each Paragraph and Sign Below

[]	I hereby authorize the Company to thoroughly investigate my references, work record, experience, education, reliability, honesty, and any tendency to behave violently or in an unsafe, harmful or threatening manner and other matters related to my suitability for employment (excluding criminal background information until after an offer of employment has been made to me) unless otherwise specified above. I further authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers, educational institutions, sources of certification or licensing, and governmental/judicial agencies (including, but not limited to, the Social Security Administration and Department of Motor Vehicles) and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that falsification (including misrepresentation or omission of facts) may result in immediate removal of my application from consideration or may be considered sufficient justification for termination of employment arising from this application regardless of when such falsification is discovered.
[]	I understand that the Company has a right and obligation to maintain a drug and alcohol free workplace. If I am extended an offer of employment, I understand that any such offer of employment is contingent upon the successful passage of a post-offer, pre-employment test for the presence of drugs (including marijuana) and/or alcohol in my system, and at any time during my employment, to the extent permitted by law. I consent to the disclosure of the results of any post-offer, pre-employment drug and/or alcohol test to the Company. I understand that the Company may deny employment and/or terminate my employment if the drug test comes back positive, even if I was legally using marijuana under California's Compassionate Use Act. I understand I must comply with the Company's Drug and Alcohol Policy. I understand that, should I decline to sign the consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.
[]	I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.
[]	I understand that I can not rely upon a conditional offer of employment from the Company, or otherwise engage in any activity based upon a conditional offer of employment. Unless or until an offer of employment is made that has no contingencies, I will not take any action that could result in financial loss if a conditional offer is withdrawn, such as giving notice of intent to terminate my current employment, selling real estate, or incurring any other costs associated with accepting employment with the Company. No such activity will be undertaken until after I have been informed by the Company that any such employment offer is no longer conditional.
[]	In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.
[]	I understand that the Company is FULLY COMMITTED TO FRAUD PREVENTION AND DETECTION and therefore relies upon the employees it hires in following through on that commitment.
[]	I understand that the Company considers applications for employment for only a 30-day period. If I wish to be considered after 30 days from the date of my application, I understand that I must reapply.

APPLICANT'S CERTIFICATION

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE DISCLOSURES AND AUTHORIZATIONS. If you have any questions regarding this Certification, please discuss with a representative of the Company before signing.

I HEREBY CERTIFY THAT I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I agree a photocopy or telephonic facsimile of this authorization shall be valid as the original.

Signature _____	Date _____
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We Are An Equal Opportunity Employer

Our policy is to fill every position without regard to considerations made unlawful by federal, state or local laws, such as race, color, national origin (including language use restrictions and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law (Vehicle Code section 12801.9), ancestry, religion (including religious dress and grooming practices), sex/gender (including pregnancy, childbirth, breastfeeding or related medical conditions), sex stereotype, gender identity/gender expression/transgender (including whether or not you are transitioning or have transitioned) and sexual orientation, physical or mental disability, medical condition, genetic information/characteristics, marital status/registered domestic partner status, age (40 and over), military or veteran status, or any other basis protected by federal, state or local law or ordinance or regulation.

The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.