

APPLICATION FOR EMPLOYMENT

Last Name:	First Name:	Middle:
Other Names Used (to verify employment/educational history):		
Present Address (No. & Street):		
City:	State:	Zip Code:
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(s):	

POSITION INFORMATION

Position Applied For:	Location(s) Applied For:
Expected Hourly Rate of Pay. <i>Please do not disclose your current or any prior salary, compensation or rate of pay.</i> \$	
Date Available:	Need to Provide 2 Weeks' Notice to Current Employer? <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
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 <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> AFTER-HOURS EMERGENCIES	
Number of Hours Per Week Available:	Are you Available to Work Required Overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO
Company-Provided Housing as a Condition of Employment: <i>If required by the position for which you have applied,</i> is there anything that would prevent you from residing on the premises and being required to respond to after-hours emergency situations at the property? <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please explain:	
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 Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA). We consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. If you require accommodation in the application process, please contact the Recruiting Department at careers@buckinghampm.com.

If the position for which you are applying requires driving of any vehicle as one of the essential functions of the job, 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? <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> <input type="checkbox"/> YES <input type="checkbox"/> NO	
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 family members who work for this Company: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If so, who?	If so, where?
Do you have any family members who lease from this Company: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If so, who?	If so, where?
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

ALL EMPLOYMENT HISTORY & PERIODS OF UNEMPLOYMENT FOR THE LAST 5 YEARS (No Matter How Short in Duration)

Starting with your most recent employer, list below ALL present and past employment; periods of self-employment; periods of unemployment; military service or training; school attendance; volunteer positions; and/or any other circumstances leading to gaps in employment. **ATTACH ADDITIONAL PAGES IF NEEDED.**

Company Name:	End Date or Current:	Start Date:
Property Name (if applicable):	Start Date:	
Company Address:		
Job Title:	Corporate Phone:	
Supervisor Name:	Supervisor Title:	
Reason for Leaving	<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	
May we contact this employer and/or supervisor to verify your employment?		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, why not?</i>
Company Name:	End Date:	Start Date:
Property Name (if applicable):	Start Date:	
Company Address:		
Job Title:	Corporate Phone:	
Supervisor Name:	Supervisor Title:	
Reason for Leaving	<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	
May we contact this employer and/or supervisor to verify your employment?		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, why not?</i>
Company Name:	End Date:	Start Date:
Property Name (if applicable):	Start Date:	
Company Address:		
Job Title:	Corporate Phone:	
Supervisor Name:	Supervisor Title:	
Reason for Leaving	<input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	
May we contact this employer and/or supervisor to verify your employment?		<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, why not?</i>

APPLICATION FOR EMPLOYMENT

CERTIFICATES, LICENSES AND PROPERTY MANAGEMENT EXPERIENCE

List Certificates:	
List Licenses:	<input type="checkbox"/> Real Estate License State License Issued:
Please check which of the following you have experience:	<input type="checkbox"/> Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> USDA Rural Development <input type="checkbox"/> HUD <input type="checkbox"/> YARDI
	<input type="checkbox"/> CA Landlord/Tenant <input type="checkbox"/> Fair Housing <input type="checkbox"/> Microsoft Office Suite <input type="checkbox"/> ADP

PERSONAL REFERENCES: For Applicants Who Have Been Self-Employed ONLY

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

<input type="checkbox"/>	I hereby authorize BUCKINGHAM PROPERTY MANAGEMENT, and its representatives, to thoroughly investigate my employment history, work experience, education, references, any tendency to behave violently or in an unsafe, harmful or threatening manner and other matters related to my suitability for employment (<i>excluding criminal background information until after an offer of employment has been made to me</i>). I further authorize my current or former employers and references I have listed in this application for employment to disclose to BUCKINGHAM PROPERTY MANAGEMENT any and all letters, reports and other information related to my employment history, work experience and/or work records, without giving me prior notice of such disclosure. In addition, I hereby release BUCKINGHAM PROPERTY MANAGEMENT, my current and former employers, educational institutions, sources of certification or licensing, and governmental/judicial agencies (including, but not limited to, background check vendors, 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.
<input type="checkbox"/>	I understand that falsification (including misrepresentation or omission of facts, including but not limited to omission of current or former employers) may result in immediate removal of my application from consideration or may be considered sufficient justification for withdrawal of any offer of employment or termination of employment arising from this application regardless of when such falsification, misrepresentation or omission is discovered.
<input type="checkbox"/>	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 BUCKINGHAM PROPERTY MANAGEMENT. In addition, I understand that if I am employed, my employment is at-will which means that 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 BUCKINGHAM PROPERTY MANAGEMENT, and that no promises or representations contrary to the foregoing are binding on BUCKINGHAM PROPERTY MANAGEMENT unless made in writing and signed by me and BUCKINGHAM PROPERTY MANAGEMENT's President.
<input type="checkbox"/>	I understand that I cannot rely upon a conditional offer of employment from BUCKINGHAM PROPERTY MANAGEMENT, 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 conditions, 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, terminating housing, or incurring any other costs associated with accepting employment with BUCKINGHAM PROPERTY MANAGEMENT. No such activity will be undertaken until after I have been informed by BUCKINGHAM PROPERTY MANAGEMENT that any such employment offer is no longer conditional.
<input type="checkbox"/>	In compliance with federal law, I understand that 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.
<input type="checkbox"/>	I understand that BUCKINGHAM PROPERTY MANAGEMENT is FULLY COMMITTED TO FRAUD PREVENTION AND DETECTION and therefore relies upon the employees it hires in following through on that commitment
<input type="checkbox"/>	I understand that BUCKINGHAM PROPERTY MANAGEMENT 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.
<input type="checkbox"/>	I understand that, if employed, I would be expected to report to my immediate supervisor, any District Supervisor, Director of Property Management, the Chief Financial Officer, or the President if I am ever subjected to harassment, discrimination, retaliation or other prohibited conduct, or if I ever become aware of any unethical behavior by any employee.

An offer of employment is conditioned upon complying with BUCKINGHAM PROPERTY MANAGEMENT 's requirements including, but not limited to, signing a separate, standalone disclosure and consent form before any background investigation in compliance with federal, state, and local laws.

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 BUCKINGHAM PROPERTY MANAGEMENT before signing.

I HEREBY CERTIFY THAT I have not 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 falsification, misrepresentation or omission on this application or on any document used to secure employment shall be grounds for rejection of this application, withdrawal of an offer of employment, or for immediate termination if I am employed, regardless of the time elapsed before discovery. **MY SIGNATURE MEANS THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.**

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 law or ordinance or regulation, such as race (including hair texture and protective hairstyles), color, national origin, 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 and sexual orientation, reproductive health decision-making, physical or mental disability, medical condition, genetic information/characteristics, marital status/registered domestic partner status, age (40 and over), military or veteran status, use of cannabis/marijuana off the job and away from the workplace.

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