



Phoenix Properties

ACCREDITED MANAGEMENT ORGANIZATION®

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, religion, gender, marital status, national origin, age, height, weight or physical impairments.

PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Last First Middle

Present Address \_\_\_\_\_ Street City State Zip

Permanent Address \_\_\_\_\_ Street City State Zip

Phone No. \_\_\_\_\_

Referred By \_\_\_\_\_

EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are You Employed Now? \_\_\_\_\_ If So May We Inquire of your Present Employer? \_\_\_\_\_

Have you ever Applied to this Company before? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

Have you ever been Convicted of a Felony? \_\_\_\_\_ Are you Legal to Work in the United States? \_\_\_\_\_

EDUCATION

Table with 5 columns: School Type, Name and Location of School, Circle Last Year Completed, Did You Graduate?, Subjects Studied and Degree(s) Received. Rows include Grammar School, High School, College, and Trade, Business or Correspondence School.

Subjects of Special Study or Research Work \_\_\_\_\_

Activities Other Than Religious (Civic, Athletic, etc.) \_\_\_\_\_

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, AGE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

Continued on other side.

**FORMER EMPLOYERS** List Below Last Four Employers, Starting With Last One First

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES** Give Below the Names of Three Persons Not Related To You, Whom You Have Known At Least One Year.

Name	Address	Business	Years Acquainted
1			
2			
3			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time and without any previous notice. Waiver of Limitations Periods. I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment or termination of employment within six (6) months of the event giving rise to the claim and/or lawsuit. I understand that applicable statutes of limitations may provide for longer periods of time in which to file a claim and/or lawsuit. However, I agree to be bound by the six (6) month period and WAIVE ANY STATUTE OR PERIOD OF LIMITATIONS TO THE CONTRARY. This waiver includes, but is not limited to, periods of limitations which apply to federal or state civil rights statutes.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

REMARKS: \_\_\_\_\_

Neatness \_\_\_\_\_ Ability \_\_\_\_\_

Hired \_\_\_\_\_ For Position \_\_\_\_\_ Will Report \_\_\_\_\_ Salary/Wages \_\_\_\_\_

Approved \_\_\_\_\_