

APPLICATION FOR EMPLOYMENT MACKINNON PROPERTY MANAGEMENT

Date: _____

Security Position _____

NAME: _____ SS# _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE # _____ ARE YOU 18 YEARS OR OLDER: _____

DRIVERS LICENCE NUMBER: _____

ARE YOU A U.S CITIZEN OR AUTHORIZED TO WORK IN THE UNITED STATES: _____

EDUCATION

GRAMMAR: _____
School Years Attended Graduate

HIGH SCHOOL _____
School Years Attended Graduate

COLLEGE: _____
School Years Attended Graduate

TRADE OR BUSINESS SCHOOL: _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS: _____

MILITARY OR NAVAL SERVICE _____ RANK: _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: _____

POSITION DESIRED: _____

DATE YOU CAN START: _____ SALARY DESIRED: _____

HOURS AND DAYS YOU CAN WORK _____

HAVE YOU APPLIED TO THIS COMPANY BEFORE: _____ WHEN: _____

REFERRED BY: _____

CURRENT EMPLOYER: _____ TELE # _____

SUPERVISOR'S _____ MAY WE CONTACT YOUR CURRENT EMPLOYER: _____

DATE TO: _____ FROM: _____ SALARY: _____

BUSINESS NAME _____

ADDRESS : _____ PHONE # _____

POSITION: _____ REASON FOR LEAVING: _____

FORMER EMPLOYERS
(LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE)

DATE TO: _____ FROM: _____ SALARY: _____

BUSINESS NAME _____

ADDRESS : _____ PHONE # _____

POSITION: _____ REASON FOR LEAVING: _____

DATE TO: _____ FROM: _____ SALARY: _____

BUSINESS NAME _____

ADDRESS : _____ PHONE # _____

POSITION: _____ REASON FOR LEAVING: _____

DATE TO: _____ FROM: _____ SALARY: _____

BUSINESS NAME _____

ADDRESS : _____ PHONE # _____

POSITION: _____ REASON FOR LEAVING: _____

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE ABOUT THIS JOB? _____

**REFERENCES: GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU AND KNOWN AT
LEAST ONE YEAR:**

NAME: _____ BUSINESS: _____ YEARS KNOWN: _____

PHONE: _____ ADDRESS: _____

NAME: _____ BUSINESS: _____ YEARS KNOWN: _____

PHONE: _____ ADDRESS: _____

NAME: _____ BUSINESS: _____ YEARS KNOWN: _____

PHONE: _____ ADDRESS: _____

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS: _____ PHONE # _____

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, 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 WITHOUT PRIOR NOTICE AND WITHOUT CAUSE."

DATE: _____ SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE:

OFFICE PORTION

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____ ABILITY: _____

HIRED: _____ POSITION: _____ DEPARTMENT: _____

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED BY: _____ TITLE: _____

OTHER COMMENTS: _____

October 5, 2010