



TEXAS APARTMENT ASSOCIATION
MEMBER

Employment Application

Prospective employer: _____
 Worksite location: _____
 Position applying for: _____
 Application date: _____

As an employer, we appreciate your taking the time to complete this application. It is important that all questions be answered completely and accurately. In filling out this form, if there is insufficient space to complete the answer, please continue on a separate piece of paper. We are an Equal Opportunity Employer, and we comply with applicable federal, state and local laws, regulations and ordinances which prohibit discrimination against qualified applicants and employees. We prohibit any form of workplace harassment. Please print or write neatly.

PERSONAL INFORMATION

Full name _____
 (Please use complete names rather than initials. Show any nicknames in parentheses.)

Have you ever used another name for work, school or business? yes no If yes, please state name(s), dates, and circumstances: _____
 Are you at least age 18? yes no

Present residence address _____
 Street Address City State Zip

Permanent address (if any) _____
 Street Address or P.O. Box City State Zip

Present work phone (_____) _____ Home phone (_____) _____

Have you been employed by us before? yes no If yes, Dates _____ Location _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off
 Other (Be specific) _____

Do you have relatives in our line of business in Texas? yes no. If yes, please list them and their employers _____

Do you have any relatives currently in our employ? yes no. If yes, please list them _____ Date you are available to begin work _____

Is your availability for work limited to any specific times? yes no. If yes, please indicate which hours and days of the week you are unavailable _____

Are you willing to work flexible hours, which could include nights, weekends and/or overtime? _____

Do you plan to engage in other work while in our employ? yes no. If yes, please describe the work, as well as the hours and days of the week involved _____

Are you willing to travel? yes no. If yes, how much? _____

Are you willing to relocate? yes no. If yes, what geographical preference? _____

What languages (including English) do you speak, read or write proficiently?

Language	Speak	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you served in the United States Armed Services? yes no. If yes, please state branch and dates of service _____

Nature of duty or training _____

Highest rank held _____ Rank at time of discharge _____

How were you referred to us? Advertisement Friend Relative Walk-in Agency Other _____

Notify in case of emergency, Name _____ Relationship _____

Address _____ Work phone (_____) _____ Home phone (_____) _____

Do you engage in the current illegal use of drugs (for example, marijuana, cocaine, heroin, crack, speed, LSD, etc.)? yes no.

Are you willing to be tested for the current illegal use of drugs? yes no.

EDUCATION

Name and location of school

Circle grade or #
of years completedDid you
graduate?Degree(s) received or
Subject(s) studied

Grade school _____

1 2 3 4 5 6 7 8

 yes no

High school _____

9 10 11 12

 yes no

College _____

1 2 3 4 5 6

 yes no

Trade, business _____

1 2 3 4

 yes no

or vocational school _____

Academic honors or awards received _____

LICENSES, CERTIFICATIONS AND DEBARMENT

Do you have any professional or vocational licenses (real estate, plumbing, electrician, air conditioning, pest control applicator, etc.) or certifications (such as CAM, CAMT, CAPS, NALP, CAS or CPM) that relate to the job for which you are applying? yes no. If yes, please describe all licenses and certificates below.

Type of license or
certificationFrom what city, state agency,
or organizationDate issued
(if applicable)License
number

Type of license or certification	From what city, state agency, or organization	Date issued (if applicable)	License number
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a professional or vocational license or certification (if any) denied, revoked, or suspended? yes no. If yes, please explain

Have you ever been debarred, excluded or suspended from participation in any program involving payment or reimbursement for services sponsored, conducted or funded by the Federal Government? yes no.

Are you presently subject to any proceeding that might result in such debarment, exclusion or suspension? yes no.

OTHER QUALIFICATIONS

Please state any other information about your personal qualities, work skills, or other abilities which would assist us in considering you (including strengths, weaknesses, goals, etc.) _____

REFERENCES

(Do not include relatives or previous employers)

Name

City and State

Phone

Occupation

Years known

Name	City and State	Phone	Occupation	Years known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name of present landlord _____ City _____ Phone _____

Name of previous landlord _____ City _____ Phone _____

Name of next previous landlord _____ City _____ Phone _____

(Limit response to landlords within previous 24 months)

EMPLOYMENT HISTORY

We routinely contact an applicant's current and previous employers for reference checks. Are you

currently employed? yes no. May we contact your current employer at this time? yes no. If no, please explain _____

(Permission to contact your current employer for a reference check will be required before hiring.)

Please attach a copy of any employment recommendation letters which relate to the position for which you are applying.

Please provide below your complete work history (full-time and part-time) for the preceding five employers or past 10 years, whichever is greater. Explain all gaps in employment during this period in the next section. Use additional sheets if necessary to provide complete information.

Current or last employer

Name _____ Phone (_____) _____

Address _____ From _____ To _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off

Other (Be specific) _____

Next previous employer

Name _____ Phone (_____) _____

Address _____ From _____ To _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off

Other (Be specific) _____

Next previous employer

Name _____ Phone (_____) _____

Address _____ From _____ To _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off

Other (Be specific) _____

Next previous employer

Name _____ Phone (_____) _____

Address _____ From _____ To _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off

Other (Be specific) _____

EMPLOYMENT HISTORY, continued

Next previous employer

Name _____ Phone (_____) _____

Address _____ From _____ To _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off

Other (Be specific) _____

Other employment history information

Please explain all periods of unemployment between the above jobs _____

Have you ever been terminated from employment or asked to resign by any employer other than those listed above? yes no. If yes, please provide employer(s), location, date and explanation _____

DRIVING RECORD Answer the following questions only if you are applying for a position which involves driving on the job. Can you safely drive a vehicle? yes no. Do you have a valid, unexpired driver's license? yes no. If yes, please state your current driver's license number _____ Expiration date _____

Issuing state _____

Has your driver's license been revoked, suspended or denied during the past five years? yes no.

If yes, please explain _____

List all traffic violations (other than parking tickets) for which you pled guilty, were convicted or pled no contest/nolo contendere during the past five years.

Year	Nature of violation	Location (city and state)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ILLEGAL USE OF DRUGS AND MEDICAL EXAM/QUESTIONNAIRE The position you are applying for requires reliable attendance and dependable performance during the contemplated work hours. You may be asked to submit to testing for the current illegal use of drugs before or after any offer of employment is made to you. If you receive a conditional offer of employment, you may be asked to take a medical examination or complete a medical questionnaire.

CRIMINAL HISTORY INFORMATION If you are among the final candidates being considered for a position or if you receive a conditional offer of employment, you may be asked to complete a form with questions about any past criminal history, and the Employer may request your authorization to conduct a criminal background check on you. If you refuse to answer or falsely answer any of the criminal history questions, you will not be further considered for employment.

NOTE TO APPLICANT. Complete the next two pages *after* completing the first four pages of the Employment Application.

**CERTIFICATION AND AUTHORIZATION
BY EMPLOYMENT APPLICANT**

Employer's Name _____ Date _____

Applicant's Full Name _____

(Please use complete names rather than initials. Show any nicknames in parentheses.)

For purposes of this certification and authorization, the term "application" includes this employment application form and any supplemental questionnaire, exhibit, resumé, biographical sheet, or other documents submitted by Applicant.

I certify that all information provided on this application and in any resumé and exhibits submitted to the Employer is true, correct, and complete. I have accounted for all of my work experience, training, and other information requested on this application. I have not withheld any fact or circumstance which is requested by this application.

I understand that any false, misleading, or incomplete information on this application or resumé and exhibits will result in rejection of my application or termination of my employment whenever discovered.

I understand that I may be asked to take job-related written tests and skill tests (if applicable) for the position for which I am applying. If I refuse to be tested, I understand that I will not be further considered for employment.

I understand that I may be required to produce my driver's license or other identification card to verify my identity.

If I am considered for employment, I authorize the Employer and agencies or companies of the Employer's choice to investigate or to make any inquiry about any information contained in this application, including, without limitation:

1. Obtain verification of any information provided by me in this employment application and in any supplemental questionnaire, exhibit, resumé, or biographical sheet submitted by me;
2. Obtain information regarding my work habits, skills, and conduct from my past and present employers, as well as listed or developed references or institutions;
3. Obtain information from all law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations;
4. Obtain information from educational institutions concerning my educational record, conduct, and skills; and
5. Obtain records of my employment, including income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for purposes of my prospective employment or for the employment purposes of promotion, reassignment or retention while I am an employee. Authority to obtain such work history information expires 365 days from the date of this application.

I agree to furnish additional information as may be requested. I authorize the Employer to use any information obtained during the investigation for all matters relating to my suitability for initial or continued employment.

Applicant's Initials: _____

(Certification and Authorization continued on the next page)

I further authorize all institutions, agencies, companies, or persons referred to above, to give the Employer and/or its agents all information requested. I release the Employer, its agents and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing such information. A copy of this authorization and release shall be as valid as the original.

I understand that before or after receiving any offer of employment, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid by the Employer. I understand that the reason for such testing is that the Employer endeavors to operate its business in a safe manner for all employees, customers, tenants, visitors, and/or guests. The results of such testing will be communicated to the Employer or its agents. If I refuse to be tested, or if I produce a positive test result for the current illegal use of drugs, I understand that any job offer will be withdrawn and that I will not be further considered for employment. I understand that I will be asked to sign a separate authorization form prior to any testing for the current illegal use of drugs.

If I receive a conditional offer of employment, I understand that I may be asked to submit to a medical examination performed by a medical practitioner who is chosen and paid for by the Employer. I further understand that I may be asked to complete a medical questionnaire or answer medical inquiries proposed by the Employer. The results of such examinations and/or questions will be communicated to the Employer or its agents. If I refuse to submit to a post-job offer medical examination or respond to medical questions, I understand that I will not be further considered for employment. I understand that if I receive a conditional offer of employment, I may be asked to sign a separate form authorizing a medical examination.

If I am among the final candidates for a position or if I receive a conditional offer of employment, I understand that I may be asked to complete a form with questions about my past criminal history and that the Employer may request my authorization to conduct a criminal background check on me. If I refuse to answer or falsely answer any of the criminal history questions, I understand I will not be further considered for employment. I also understand that any past criminal history could possibly disqualify me for employment.

I understand that I will be provided a separate notice and authorization form to sign if the Employer elects to obtain consumer reports, including but not limited to criminal, income, credit or work history reports, for employment purposes under the federal Fair Credit Reporting Act.

If I am employed, I understand that I will be asked to sign a federal I-9 form and to provide documents verifying my identity and right to work in the U.S.A.

If I am employed, I acknowledge that I must comply with the Employer's rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that the job for which I am applying requires reliable attendance and dependable performance during the contemplated working hours. I further understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits, and operating policies. I understand that any employment will be for an indefinite period and can be terminated at any time by the Employer or myself, without notice and without cause.

I understand that this application does not constitute an offer of employment or an employment contract.

Applicant's Signature

Applicant's Printed Name

Street Address

City/State/Zip Code

Driver's License No. (or alternative identification)

State Issuing Driver's License (or alternative identification)

(NOTE TO EMPLOYER: This employment application form is for use only in Texas and only by Texas Apartment Association members. Use by non-TAA members is a violation of federal copyright laws. Use in other states is at the user's risk since this form may or may not comply with special laws or requirements, if any, of other states. Employers are advised to retain completed applications of unsuccessful applicants for at least 12 months.)

