



AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

Please read the following before filling out this application

Eller Residential, Inc. does not discriminate in hiring or employment on the basis of race, color, sex, religion, genetic information, disability, national origin, citizenship, military status, or on the basis of age with respect to persons 18 years or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **Eller Residential, Inc. intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another thirty days.

Personal Data

Today's date: _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Telephone Number _____ Are you 18 years or older? Yes No

If yes, do you have a work permit? Yes No

E-mail Address _____

Have you ever pled guilty or been convicted of a crime other than a minor traffic violation? Do not include sealed and expunged convictions. Yes No

If yes, explain _____
(A "yes" answer to this question does not necessarily preclude consideration for employment)

Are you authorized to work in the United States? Yes No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Eller Residential, Inc. will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as required by law to verify your identification and employment authorization.

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No



Employment

Job applied for/position desired? _____ Salary desired _____

Are you interested in: Full-time Part-time Temporary

How did you hear about this position? _____

Have you ever applied here before? _____ When? _____

Have you ever worked for this Company before? _____ When? _____

If yes, give the name(s) if different from the one given on this application _____

When would you be available to start? _____

Educational Data

Circle Highest Grade Completed:

Grade, Junior High or High School												College or University					Graduate School								
1 2 3 4 5 6 7 8 9 10 11 12												1 2 3 4 5					1 2 3 4								
Type of School	Name of School											Location					Major Subject or Course of Study					Did You Graduate?			
High School																									
College																									
Business or Trade School																									
Correspondence School																									
Other (Specify)																									
Graduate School																									

Professional Licenses

List all professional licenses: _____

List any first aid or emergency response training for which you are currently certified in: _____



Work History

Are you currently covered by a non-compete agreement with any former employer? Yes No

If yes, identify employer: _____

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ _____ per
To (mo./yr.)	Address	City	State Zip Final Salary \$ _____ per
Supervisor's Name/Title	Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ _____ per
To (mo./yr.)	Address	City	State Zip Final Salary \$ _____ per
Supervisor's Name/Title	Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone AREA ()	Starting Salary \$ _____ per
To (mo./yr.)	Address	City	State Zip Final Salary \$ _____ per
Supervisor's Name/Title	Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			



Military

Branch of Service: _____

Duties in the service, including schools and training: _____

Professional References

Please list three references who are not relatives.

Name	Occupation	Years Known	Phone	Address

Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to Eller Residential, Inc. my record, reason for leaving and all information they may have concerning me, and hereby release them and Eller Residential, Inc. from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish Eller Residential, Inc. with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in the event of my employment by Eller Residential, Inc. it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by Eller Residential, Inc. I agree to abide by all present and subsequently issued rules of the Company.

If hired, in consideration of my employment, I agree to comply with the policies, standards, and business ethics of Eller Residential, Inc. I understand that my employment is at will and may be terminated by me or the company at any time without additional consideration or notice. I understand that no representative of Eller Residential, Inc. (except the Chief Executive Officer) has the authority to commit to any definite term of employment or alter the at-will employment agreement, and any such agreement must be in writing.

Signature _____ Date _____