



WESTERN NATIONAL PROPERTY MANAGEMENT
A WESTERN NATIONAL GROUP COMPANY

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Please Print Date: _____

Name: _____
(Last) (First) (M.I.)

Address: _____
(Number and street) (City) (State) (Zip Code)

Telephone () _____ Are you 18 years or older? Yes No

All other names you have used: _____
(For reference purposes)

Have you ever been employed by this company? _____ If yes, when? _____

Do you have any relatives working for this company? _____ If yes, state name and relationship: _____

Can you provide proof that you are legally authorized to work in the United States? _____

Have you ever been convicted of a felony or misdemeanor? (Do not include convictions while a minor, convictions sealed by court order and/or convictions for marijuana-related offenses that are more than 2 years old) _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EMPLOYMENT DESIRED

Position: _____ Date you can start: _____ Salary desired: _____

Are you presently employed? Yes No If so, may we inquire of your present employer? _____

What prompted you to apply at our company?
 Newspaper ad Professional reputation Employee _____
(If so, name)

Employment agency Other (please explain) _____

EDUCATIONAL

Type of School	Name and Location	Graduated	Course or Major
High School		<input type="radio"/> Yes <input type="radio"/> No	
College/University		<input type="radio"/> Yes <input type="radio"/> No	
Other		<input type="radio"/> Yes <input type="radio"/> No	

EMPLOYMENT RECORD

List last position first (include military service)

Dates		Name and address of employer	Rate of Pay		Reason for leaving
From	To		Start	Finish	
		(Tel. No.) Supervisor			

Job Title: _____ Describe in detail the duties performed: _____

EMPLOYMENT RECORD

Dates		Name and address of employer	Rate of Pay		Reason for leaving
From	To		Start	Finish	
		(Tel. No.) Supervisor			

Job Title: _____ Describe in detail the duties performed: _____

Dates		Name and address of employer	Rate of Pay		Reason for leaving
From	To		Start	Finish	
		(Tel. No.) Supervisor			

Job Title: _____ Describe in detail the duties performed: _____

Dates		Name and address of employer	Rate of Pay		Reason for leaving
From	To		Start	Finish	
		(Tel. No.) Supervisor			

Job Title: _____ Describe in detail the duties performed: _____

List all other types of work you have performed: _____

Professional/business licenses or certificates: _____

Are you available to work overtime? Yes No Are you available to travel? Yes No

Office skills:

Typing speed _____ wpm Shorthand/speedwriting _____ wpm Dictaphone 10 Key (touch/sight)

List computer software programs _____

Other skills: _____

REFERENCES

List three personal or business references

Name	Address	Occupation	Phone

In case of emergency notify: _____
 (Name) (Address) (Area code and Telephone Number)

Certification and Signature

I hereby certify that all statements on this application and/or attached resume are true and complete to the best of my knowledge. If employed, I understand that any falsification of this record will make me subject to immediate discharge. I also understand and agree that **all employment with the Company is "at will"** which means that my employment may be terminated at any time with or without cause at the option of the Company or myself and that this "at will" employment relationship cannot be changed except in writing signed by the President of the Company and me.

If I am offered employment, I agree to submit to a background check and drug and alcohol test before commencing work. If employed, I also agree to submit to a drug and alcohol test at any time deemed appropriate by the Company and as permitted by law. I consent to such background check and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon a satisfactory background check and drug and alcohol test.

If hired, I agree to comply with the rules, policies and procedures of the Company. In addition, I understand that I must pass all pre-employment testing requirements prior to commencement of employment.

Applicant's Signature _____ Date: _____

Employment and Education Verification

I authorize the Company and its representatives to verify all information provided by me on this application or in support of my efforts to obtain employment at the Company, and to obtain any information relating to my employment with the Company. I further authorize its representatives to release such information to the Company. I agree to hold harmless, and to absolve the Company from any and all liability, and hereby waive any claim I may have against the Company for any loss, damage, or injury I may sustain as a result of the Company's efforts to verify such information provided by me or any disclosure made in accordance of this authorization. I understand that if I have requested that my current employer not be contacted prior to accepting this offer of employment, that should I accept an offer, the Company may contact my former employer.

Applicant's Signature _____ Date: _____