

Eugene Burger Management Corporation

An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Application For Employment

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL DATA

FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NUMBER		
PRESENT ADDRESS IN FULL		CITY	STATE	ZIP	TELEPHONE
PERMANENT ADDRESS(IF DIFFERENT FROM ABOVE)		CITY	STATE	E-MAIL ADDRESS	

POSITION INFORMATION

POSITIONS APPLIED FOR:

REFERRAL SOURCE: HOW DID YOU HEAR ABOUT OUR COMPANY?

Are you prevented from lawfully becoming employed in this country because of
Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment.

If you are under 18 years of age, can you provide required proof of your
eligibility to work? ☐ Yes ☐ No

Are you currently employed? Where? _____ ☐ Yes ☐ No

Are you willing to work any shift, including nights and weekends? ☐ Yes ☐ No

How soon following notification can you report? _____

Are you willing to relocate? ☐ Yes ☐ No

Have you ever been employed by this company? ☐ Yes ☐ No



If so, when? _____ Where? _____ Position _____

Are any relatives, including in-laws, employed at this company? [] Yes [] No

If yes, give name, relationship, position and location _____

Have you ever previously applied for employment at this company? [] Yes [] No

If so, when? _____ Month _____ Year _____

Do you have any physical condition or handicap which may limit your ability to perform the essential duties of the position applied for? [] Yes [] No

If yes, what can be done to accommodate your limitations? _____

We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hiring may be subject to passing a medical examination, and to skill and agility tests.

Do you have a valid drivers license? [] Yes [] No

License No. _____ State _____ Expiration Date _____

Can you provide proof of insurance if you are required to use your automobile on Company business? [] Yes [] No

Have you ever been convicted of a criminal offense (felony or misdemeanor) at any time? [] Yes [] No

Are you now out on bail or on your own recognizance pending criminal trial charges? [] Yes [] No

Have you ever entered into a plea bargain agreement, or are you now in a pre-or-post trial diversion program? [] Yes [] No

If you answer (yes) to any of these questions, please fill out the attached supplemental employment form.

A conviction will not necessarily disqualify an applicant from employment. The nature of the offense, the date of the offense, and the relevance of the offense to the positions applied for may, however be considered.

EMPLOYMENT HISTORY

IMPORTANT: Starting with your present or most recent employer, list in consecutive order all employment and periods of unemployment since you graduated from or last attended high school. Additional employment may be listed on a separate page(s) if necessary. Include any job-related military service assignments. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected areas.

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY-BEGIN/END	EMPLOYED-FROM/TO
<hr/>			
STREET ADDRESS	CITY	STATE	ZIP CODE
<hr/>			
NAME & TITLE OF SUPERVISOR	REASON FOR LEAVING		
<hr/>			
TITLE OF YOUR POSITION	DEPARTMENT		
<hr/>			
DUTIES			

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY-BEGIN/END	EMPLOYED-FROM/TO
<hr/>			
STREET ADDRESS	CITY	STATE	ZIP CODE
<hr/>			
NAME & TITLE OF SUPERVISOR	REASON FOR LEAVING		
<hr/>			
TITLE OF YOUR POSITION	DEPARTMENT		
<hr/>			
DUTIES			

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY-BEGIN/END	EMPLOYED-FROM/TO
<hr/>			
STREET ADDRESS	CITY	STATE	ZIP CODE
<hr/>			
NAME & TITLE OF SUPERVISOR	REASON FOR LEAVING		
<hr/>			
TITLE OF YOUR POSITION	DEPARTMENT		
<hr/>			
DUTIES			

QUALIFICATIONS

Circle each area in which you have knowledge, skills, experience, or are otherwise qualified. Provide additional detail or information in the space allotted. Attach your resume if you are providing one.

PROPERTY MANAGEMENT, ADMINISTRATIVE, AND SUPERVISORY EXPERIENCE IN THE FOLLOWING AREAS: Hiring, Training, Marketing, Leasing, Tenant Relations, Budgets, Purchasing, Contracting, Rent Collections, Evictions, Safety, etc.:

ACCOUNTING AND COMPUTER RELATED SKILLS AND EXPERIENCE IN THE FOLLOWING AREAS: Spread Sheet Programs, Word Processing Programs, General Ledger, Bank Reconciliations, Receivables, Payables, Rent Rolls, Interacting with Financial Institutions, Accountants, etc.:

MAINTENANCE, EQUIPMENT AND JANITORIAL SKILLS IN THE FOLLOWING AREAS: Maintenance and Repair of Electrical and Gas Appliances, Ranges, Refrigerators, etc. Plumbing Fixtures, Sprinkler Systems, HVAC Systems, Carpentry, Painting, Janitorial, etc.:

EDUCATION (Fill in above each line)

ATTENDED FROM	TO	GRADUATED? YES	NO	DEGREE, DIPLOMA CERT, etc. RECEIVED?	MAJOR
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NAME AND ADDRESS OF SCHOOL

LAST HIGH SCHOOL ATTENDED/complete address

COLLEGE OR UNIVERSITY/complete address

OTHER (Technical, Vocation, Graduate, etc. complete address)

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS

IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE? _____ Fluent? ☐ Yes ☐ No
_____ Fluent? ☐ Yes ☐ No
_____ Fluent? ☐ Yes ☐ No

MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (If none, state none) _____ MILITARY OCCUPATION _____

LIST ANY SKILLS LEARNED WHILE IN MILITARY SERVICE THAT YOU THINK MAY BE A VALUE TO THE COMPANY

REFERENCES

GIVE NAME AND ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

1. _____
2. _____
3. _____

NOTIFY IN CASE OF EMERGENCY

NAME	RELATIONSHIP	ADDRESS	(AREA) TELEPHONE
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**Please
Initial**

APPLICANT'S CERTIFICATION AND AGREEMENT

_____ I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

_____ I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character and general reputation may be made, and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

_____ I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skills and any other data required, in connection with this application or for purposes of complying with surety company requirements. In addition, I hereby release the Company, the former employer and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities.

_____ I HEREBY AUTHORIZE that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

_____ I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated At Will, at anytime, for any reason, by me or the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the President of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any agreement must be in writing.

_____ "Please Read Carefully, Initial Each Paragraph and Sign Below."
"I understand and agree that if I accept employment with EBMC, all disputes or claims, including state and federal laws, ("Grievances") between you and EBMC (including its employees, officers, agents, successors and assigns), arising from or related to your employment or the termination of your employment must be submitted to EBMC's internal Grievance Procedures and if not resolved after completing the Grievance Procedures, the Grievance shall be resolved by Judicial Reference."

Signature _____ Date _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six-month period. Your interest in Eugene Burger Management Corporation is appreciated.

