



**APPLICANT INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ARE YOU ATLEAST 18 YEARS OF AGE?  YES  NO

IF NOT, WOULD YOU BE ABLE TO PROVIDE A WORK PERMIT?  YES  NO

DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO WORK?  YES  NO

**EMPLOYMENT INFORMATION**

WHAT POSITION ARE YOU APPLYING FOR: \_\_\_\_\_

WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING?  FULL TIME  PART TIME  SEASONAL

WILLING TO WORK (check all that apply):  OVERTIME  WEEKENDS  HOLIDAYS

LIST TIMES YOU ARE NOT AVAILABLE TO WORK \_\_\_\_\_

IF HIRED, WHEN WOULD YOU BE ABLE TO START? \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**EDUCATION**

SELECT THE HIGHEST LEVEL OF HIGH SCHOOL EDUCATION ACHIEVED:  9  10  11  12  G.E.D.

NAME OF SCHOOLS \_\_\_\_\_ LOCATION \_\_\_\_\_

HAVE YOU ATTENDED COLLEGE?  YES  NO  CURRENTLY IN SCHOOL

**IF SO, PLEASE PROVIDE YOUR EDUCATION HISTORY BELOW:**

1. School \_\_\_\_\_ Location \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

Did you graduate?  YES  NO

2. School \_\_\_\_\_ Location \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

Did you graduate?  YES  NO

LIST ANY SPECIAL SKILLS OR TRAINING RELEVANT TO THE POSITION YOU'RE APPLYING FOR:



## EMPLOYMENT HISTORY

HAVE YOU BEEN EMPLOYED BEFORE?  YES  NO

IF SO, PLEASE LIST YOUR LAST PLACES OF WORK:

1. Company \_\_\_\_\_ Phone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Briefly describe duties: \_\_\_\_\_  
Dates of employment: FROM \_\_\_\_\_ TO \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact this employer?  YES  NO \_\_\_\_\_
  
2. Company \_\_\_\_\_ Phone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Briefly describe duties: \_\_\_\_\_  
Dates of employment: FROM \_\_\_\_\_ TO \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact this employer?  YES  NO \_\_\_\_\_
  
3. Company \_\_\_\_\_ Phone # \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Briefly describe duties: \_\_\_\_\_  
Dates of employment: FROM \_\_\_\_\_ TO \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we contact this employer?  YES  NO \_\_\_\_\_

## EMPLOYMENT HISTORY

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired. I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company. Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer. I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third-party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations. I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.



## AT WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing.

## STATEMENT OF NOTICES

**Equal Employment Opportunity:** BPG Real Estate Services LLC provides equal employment opportunities to all qualified individuals without regard to race, creed, color, religion, national origin, age, sex, gender, marital status, sexual orientation, or non-disqualifying physical or mental handicap or disability in each aspect of the human resources function.

**Americans with Disability Act:** Applicants as well as associates who are or become disabled must be able to perform the essential job functions either unaided or with reasonable accommodations. Applicants as well as associates are encouraged to meet with Human Resources as the company determines reasonable accommodation on a case-by-case basis in accordance with applicable law.

**Job Requirements:** The above statements reflect the general duties and responsibilities considered necessary to perform the essential functions of the job and should not be considered as a detailed description of all the work requirements of the position. Other duties may be assigned. The company may change the specific job duties with or without prior notice based on the needs of the company.

BY CHECKING THIS BOX I CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_