



**Employment Application**

**Please Print**

\_\_\_\_\_  
Date                      Last Name                      First Name                      Middle

Present Address

\_\_\_\_\_  
No. & Street                      City                      State                      Zip

Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street                      City                      State                      Zip

\_\_\_\_\_  
Business Phone                      Home Phone                      Message Phone

**Employment Desired**

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work?    Yes    No

Regular part-time work?    Yes    No

Temporary work, e.g., summer or holiday work?    Yes    No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available for work on weekends?    Yes    No

Would you be available to work overtime, if necessary?    Yes    No

If hired, on what date can you start work? \_\_\_\_\_

Salary desired: \_\_\_\_\_

**Personal Information**

Have you ever applied to or worked for The Garibaldi Company before?    Yes    No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for The Garibaldi Company?    Yes    No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name                      Relationship

\_\_\_\_\_  
Name                      Relationship

If hired, would you have a reliable means of transportation to and from work?    Yes    No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)    Yes    No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?    Yes    No



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Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?      Yes      No

If no, describe the functions that cannot be performed.

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

Are you currently employed?      Yes      No  
If so, may we contact your current employer?      Yes      No

**Education, Training, and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	_____ Name  _____ Address  _____ City                      State                      Zip	_____	Yes   No	_____
<b>College/ University</b>	_____ Name  _____ Address  _____ City                      State                      Zip	_____	Yes   No	_____
<b>Vocational/ School</b>	_____ Name  _____ Address  _____ City                      State                      Zip	_____	Yes   No	_____

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?      Yes      No

If yes, which language(s)? \_\_\_\_\_



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**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____		_____	
Name of Employer	Telephone No.		
_____		_____	
Type of Business	Your Supervisor's Name		
_____		_____	_____
Address & Street	City	State	Zip
Dates of Employment: _____ to _____			
_____			
Your Position and Duties			
_____			
Reason for Leaving			
_____			
May we contact this employer for a reference?    Yes            No			

_____		_____	
Name of Employer	Telephone No.		
_____		_____	
Type of Business	Your Supervisor's Name		
_____		_____	_____
Address & Street	City	State	Zip
Dates of Employment: _____ to _____			
_____			
Your Position and Duties			
_____			
Reason for Leaving			
_____			
May we contact this employer for a reference?    Yes            No			

_____		_____	
Name of Employer	Telephone No.		
_____		_____	
Type of Business	Your Supervisor's Name		
_____		_____	_____
Address & Street	City	State	Zip
Dates of Employment: _____ to _____			
_____			
Your Position and Duties			
_____			
Reason for Leaving			
_____			
May we contact this employer for a reference?    Yes            No			



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Name of Employer		Telephone No.	
Type of Business		Your Supervisor's Name	
Address & Street	City	State	Zip
Dates of Employment: _____ to _____			
Your Position and Duties			
Reason for Leaving			
May we contact this employer for a reference?    Yes            No			

**Note: Attach additional page(s) if necessary**

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military?    Yes            No

If so, describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name	Last Name	Telephone No.
Address & Street	City	State    Zip
Occupation	No. of Years Acquainted	

First Name	Last Name	Telephone No.
Address & Street	City	State    Zip
Occupation	No. of Years Acquainted	

First Name	Last Name	Telephone No.
Address & Street	City	State    Zip
Occupation	No. of Years Acquainted	



property management services

## Employment Application

### Please Read Carefully, Initial Each Paragraph, and Sign Below

\_\_\_\_\_  
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

In consideration of my employment, I agree to conform to the Company's hiring policies, which may include a complete background check, criminal screening, credit report, pre-employment drug screening, and pre-employment physical.

\_\_\_\_\_  
Initials

I hereby authorize The Garibaldi Company to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature