



TEXAS APARTMENT ASSOCIATION
MEMBER

Employment Application



Prospective employer: _____

Worksite location: _____

Position applying for: _____

Application date: _____

As an employer, we appreciate your taking the time to fill out this application. It is important that all questions be answered completely and accurately. In filling out this form, if there is insufficient space to complete the answer, please continue on a separate piece of paper. We are an Equal Opportunity Employer, and we comply with applicable federal, state and local laws, regulations and ordinances which prohibit discrimination against qualified applicants and employees. We prohibit any form of workplace harassment.

Please print or write neatly.

PERSONAL INFORMATION

Full name _____
(Please use complete names rather than initials. Show any nicknames in parentheses.)

Have you ever used another name for work, school or business? yes no If yes, please state name(s), dates, and circumstances: _____

Are you at least age 18? yes no

Present residence address _____
Street Address City State Zip

Permanent address (if any) _____
Street Address or P.O. Box City State Zip

Present work phone (_____) _____ Home phone (_____) _____ SS# _____

Have you been employed by us before? yes no If yes: Dates _____ Location _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off

Other (Be specific) _____

Do you have relatives in our line of business in Texas? yes no. If yes, please list them and their employers _____

Do you have any relatives currently in our employ? yes no. If yes, please list them _____ Date you are available to begin work _____

Is your availability for work limited to any specific times? yes no. If yes, please indicate which hours and days of the week you are unavailable _____

Are you willing to work flexible hours, which could include weekends and/or overtime? _____

Do you plan to engage in other work while in our employ? yes no. If yes, please describe the work, as well as the hours and days of the week involved _____

Are you willing to travel? yes no. If yes, how much? _____

Are you willing to relocate? yes no. If yes, what geographical preference? _____

What languages (including English) do you speak, read or write proficiently?

Language	Speak	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you been in the United States military service? yes no. If yes, please state branch and dates of service _____

Nature of duty or training _____

Highest rank held _____ Rank at time of discharge _____

Personal information, continued from previous page

How were you referred to us? Advertisement Friend Relative Walk-in Agency Other _____

Notify in case of emergency: Name _____ Relationship _____

Address _____ Work phone (_____) _____ Home phone (_____) _____

Do you engage in the current illegal use of drugs (for example: marijuana, cocaine, heroin, crack, speed, LSD, etc.)? yes no.
Are you willing to be tested for the current illegal use of drugs? yes no.

Have you ever (check all that apply): been subjected to judicial punishment under the Uniform Code of Military Justice or been convicted, pled guilty, pled no contest/nolo contendere, or received court-ordered community supervision, deferred adjudication, probation, pretrial diversion or any other alternative disposition program for any crime (misdemeanors and felonies)? If yes, provide complete information on all criminal offense(s), date(s), location(s) (city and state), the nature of any alternative disposition program and the date(s) of completion. If you have received any alternative disposition for any criminal offense, you MUST disclose it and describe the program. Failure to disclose a criminal conviction, plea or alternative disposition will be considered falsification and will result in your ineligibility for employment. Use additional sheets if necessary.

Conviction of a crime is not an automatic bar to consideration for employment, except for specific crimes where employment is prohibited by state or federal laws. Factors such as age at time of conviction, length of time since offense, nature and seriousness of offense, and rehabilitation will be considered.

EDUCATION		Name and location of school	Circle grade completed	Did you graduate?	Degree(s) received or Subject(s) studied
Grade school	_____	_____	1 2 3 4 5 6 7 8	_____	_____
High school	_____	_____	9 10 11 12	_____	_____
College	_____	_____	Circle number of years completed 1 2 3 4 5 6	_____	_____
Trade, business or vocational school	_____	_____	1 2 3 4	_____	_____
Academic honors or awards received _____					

LICENSES, CERTIFICATIONS AND DEBARMENT Do you have any professional or vocational licenses (real estate, plumbing, electrician, air conditioning, pest control applicator, etc.) or certifications (such as CAM, CAMT, CAPS, NALP or CPM) that relate to the job for which you are applying? yes no. If yes, please describe below.

Type of license or certification	From what city, state agency, or organization	Date issued (if applicable)	License number
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a professional or vocational license or certification (if any) denied, revoked, suspended, or curtailed? yes no. If yes, please explain _____

Have you ever been debarred, excluded or suspended from participation in any program involving payment or reimbursement for services sponsored, conducted or funded by the Federal Government? yes no.

Are you presently subject to any proceeding that might result in such debarment, exclusion or suspension? yes no.

OTHER QUALIFICATIONS Please state any other information about your personal qualities, work skills, or other abilities which would assist us in considering you (including strengths, weaknesses, goals, etc.) _____

REFERENCES

(Do not include relatives or previous employers)

Name	City and State	Phone	Occupation	Years known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name of present landlord _____ City _____ Phone _____

Name of previous landlord _____ City _____ Phone _____

Name of next previous landlord _____ City _____ Phone _____

(Limit to landlords in previous 24 months)

EMPLOYMENT HISTORY

We routinely contact an applicant's current and previous employers for reference checks. Are you currently employed? yes no. May we contact your current employer at this time? yes no. If no, please explain _____

(Permission to contact your current employer for a reference check will be required before hiring.)

Please attach a copy of any employment recommendation letters which relate to the job for which you are applying.

Please provide below your complete work history (full-time and part-time) for the preceding five employers or past 10 years, whichever is greater. Explain all gaps in employment during this period in the next section. Use additional sheets if necessary to provide complete information.

Current or last employer

Name _____ Phone (_____) _____

Address _____ From _____ To _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off Other (Be specific) _____*Next previous employer*

Name _____ Phone (_____) _____

Address _____ From _____ To _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off Other (Be specific) _____*Next previous employer*

Name _____ Phone (_____) _____

Address _____ From _____ To _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off Other (Be specific) _____

Next previous employer

Name _____ Phone (_____) _____

Address _____ From _____ To _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off

Other (Be specific) _____

Next previous employer

Name _____ Phone (_____) _____

Address _____ From _____ To _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving Resigned with notice Quit without notice Asked to resign Terminated Laid off

Other (Be specific) _____

Other employment history information

Please explain all periods of unemployment between the above jobs _____

Have you ever been terminated from employment or asked to resign by any employer other than those listed above? yes no. If yes, please provide employer(s) location, date and explanation _____

DRIVING RECORD

Answer the following questions **only** if you are applying for a position which involves driving on the job. Can you safely drive a vehicle? yes no. Do you have a valid, unexpired driver's license? yes no. If yes, please state your current driver's license number _____ Expiration date _____ Issuing state _____

Has your driver's license been revoked, suspended, denied, or limited during the past five years? yes no. If yes, please explain _____

List all traffic violations (other than parking tickets) for which you pled guilty, were convicted or pled no contest/nolo contendere during the past five years.

Year	Nature of violation	Location (city and state)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ILLEGAL USE OF DRUGS AND MEDICAL EXAM/QUESTIONNAIRE

The job you are applying for requires reliable attendance and dependable performance during the contemplated work hours. You may be asked to submit to testing for the current illegal use of drugs before or after any offer of employment is made. If a conditional offer of employment is made, you may be asked to take a medical examination or complete a medical questionnaire.

NOTE TO APPLICANT: Complete this page *after* completing the first four pages of the Employment Application.

**AUTHORIZATION
BY EMPLOYMENT APPLICANT**

Employer's name _____ Date _____

Applicant's full name _____
(Please use complete names rather than initials. Show any nicknames in parentheses.)

As the Applicant named above, I authorize the Employer and/or its agents to:

1. Obtain verification of any information provided by me in this employment application and in any supplemental questionnaire, exhibit, resumé, or biographical sheet submitted by Applicant;
2. Obtain information regarding my work habits, skills, and conduct from my past and present employers, as well as listed or developed references or institutions;
3. Obtain information from all law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations;
4. Obtain information from educational institutions concerning my educational record, conduct, and skills; and
5. Obtain records of my employment, including income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for purposes of my prospective employment or for the employment purposes of promotion, reassignment or retention as an employee. Authority to obtain such work history information expires 365 days from the date of this application.

I further authorize all institutions, agencies, companies, or persons referred to above, to give the Employer and/or its agents all information requested. I release the Employer, its agents and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing information. A copy of this authorization and release shall be as valid as the original.

I understand that I may be asked to sign a separate authorization form prior to any testing for the current illegal use of drugs.

I understand that if I receive a conditional offer of employment, I may be asked to sign a separate authorization form prior to any medical examination.

I understand that I will be provided a separate disclosure and authorization form if the Employer elects to obtain consumer reports, including but not limited to criminal, income and work history reports, for employment purposes under the federal Fair Credit Reporting Act.

Applicant's Signature

Social Security Number

Applicant's Printed Name

Driver's License Number (or alternative identification)

Street Address

State Issuing Driver's License (or alternative identification)

City/State/Zip Code

NOTE TO APPLICANT: Review and sign this page *after* completing the first five pages of the Employment Application.

**CERTIFICATION
BY EMPLOYMENT APPLICANT**

For purposes of this certification, the term "application" includes this employment application form and any supplemental questionnaire, exhibit, resumé, biographical sheet, or other documents submitted by Applicant.

I certify that all information given on this application and in any resumé and exhibits submitted to the Employer is true, correct, and complete. I have accounted for all of my work experience, training, and other information requested on this application. I have not withheld any fact or circumstance which is covered by this application.

I understand that any false, misleading, or incomplete information on this application will result in rejection of my application or termination of my employment whenever discovered.

I understand that I may be asked to take job-related written tests and skill tests (if applicable) for the position for which I am applying. If I refuse to be tested, I understand that I will not be further considered for employment.

I understand that I may be required to produce my driver's license or other identification card to verify my identity.

If I am considered for employment, I authorize any inquiry to be made about any information contained in this application. I agree to furnish additional information as may be requested, and I authorize the Employer and agencies or companies of the Employer's choice to investigate all information on this application. I authorize the Employer to use any information obtained during the investigation for all matters relating to my suitability for initial or continued employment. I release the Employer and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing such information. I understand that I will be provided a separate disclosure and authorization form if the Employer elects to obtain consumer reports, including but not limited to criminal, income and work history reports, for employment purposes under the federal Fair Credit Reporting Act.

I understand that before or after receiving any offer of employment, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by the Employer. I understand that the reason for such testing is that the Employer endeavors to operate its business in a safe manner for all employees, customers, tenants, visitors, and/or guests. The results of such testing will be communicated to the Employer or its agents. If I refuse to be tested, or if I produce a positive test result for the current illegal use of drugs, I understand that any offer will be withdrawn and that I will not be further considered for employment.

If I receive a conditional offer of employment, I understand that I may be asked to have a medical examination performed by a medical practitioner who is chosen and paid for by the Employer. I further understand I may be asked to complete a medical questionnaire or answer medical inquiries proposed by the Employer. The results of such examinations and/or questions will be communicated to the Employer or its agents. If I refuse to submit to a medical examination or respond to medical questions, I understand that I will not be further considered for employment.

If I am employed, I understand that I will be asked to sign a federal I-9 form and to provide documents verifying my identity and right to work in the U.S.A.

If I am employed, I understand that I must comply with the Employer's rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that the job being applied for requires reliable attendance and dependable performance during the contemplated working hours. I understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits, and operating policies. I understand that if I am employed, such employment will be for an indefinite period and can be terminated at any time by the Employer or myself, without notice and without cause.

I understand that this is an application only and that it does not constitute an offer of employment or an employment contract.

Date _____ Applicant's signature _____

Applicant's printed name _____

(NOTE TO EMPLOYER: This employment application form is for use only in Texas and only by Texas Apartment Association members. Use by non-TAA members is a violation of federal copyright laws. The "blank" form may not be reproduced by any means. After a blank form is filled in and signed by an applicant for employment, the completed form may be reproduced. Use in other states is at the user's risk in that the form may or may not comply with special laws or requirements, if any, of other states. Employers are advised to keep all applications on file for at least 12 months.)

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EQUAL OPPORTUNITY EMPLOYER

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TAA Official Statewide Form 07-R, Revised October, 2007

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**DISCLOSURE AND AUTHORIZATION REGARDING
FEDERAL FAIR CREDIT REPORTING ACT**

The purpose of this disclosure and authorization is to inform you that a consumer report under the federal Fair Credit Reporting Act may be obtained about you as part of (1) the employer's pre-employment background investigation, and (2) if you are hired, at any time during your employment with the employer for the purposes of evaluating your retention, promotion or reassignment as an employee (collectively "employment purposes"). Failure to authorize the consumer reports will result in ineligibility for employment or termination of employment.

I acknowledge receipt of this disclosure and authorize the employer and its agents to obtain consumer reports on me, including but not limited to criminal record checks, as part of the employer's pre-employment background investigation. If I am hired, this authorization shall remain valid and serve as an ongoing authorization for the employer and its agents to obtain consumer reports on me, including but not limited to criminal record checks, for employment purposes at any time during my employment.

I authorize employer to obtain records of my employment, including income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for the purposes of my prospective employment or for employment purposes as an employee. Authorization to obtain such work history information expires 365 days from the date of this application.

I release the employer and its agents from any and all claims, damages and liabilities from obtaining and utilizing information about me pursuant to this authorization. This release does not affect my rights under the Fair Credit Reporting Act.

Please acknowledge receipt of this disclosure and authorization for the consumer reports by signing below:

Name of employer _____

Signature of applicant/employee _____

Printed name of applicant/employee _____

Date _____

EMPLOYER CHECKLIST FOR CONSUMER REPORTS UNDER THE FEDERAL FAIR CREDIT REPORTING ACT

1. If you as an employer want to obtain a consumer report for employment purposes (including hiring), give the applicant the Fair Credit Reporting Act (FCRA) disclosure and authorization form included with the TAA Employment Application.
2. Obtain the applicant's written authorization for an FCRA consumer report by having the applicant sign the disclosure and authorization form.
3. Once the disclosure and authorization form is signed, you may obtain the consumer report on the applicant.
4. Before taking an adverse employment action (such as rejection of the applicant or termination of an employee) based in whole or in part on information contained in the consumer report, provide the applicant or employee with:
 - Written notice of the potential adverse action
 - A copy of the consumer report
 - A copy of the FTC notice of consumer rights in the proper format (included in the TAA Employment Application packet), and
 - A reasonable opportunity to respond to the consumer report (generally five business days).
5. If an adverse employment action is taken against an applicant or employee based in whole or in part on information contained in the consumer report, provide the applicant or employee with:
 - Verbal, written or electronic notice of the adverse employment action
 - The name, address and telephone number of the consumer reporting agency that furnished the report
 - A statement that the consumer reporting agency did not make the adverse employment decision and is unable to explain the specific reasons for the decision
 - Notice of the applicant's or employee's ability to obtain a free consumer report, and
 - Notice of the applicant's or employee's ability to dispute inaccurate information.
6. If you have questions regarding the requirements for obtaining or using a consumer report for employment purposes, check with the Federal Trade Commission or with the consumer reporting agency from which you will obtain the report before taking any action.

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