

Exponential Property Management
EMPLOYMENT APPLICANT INSTRUCTIONS

1. **FILL OUT APPLICATION COMPLETELY.** It is important that all questions be answered completely and accurately. Use the abbreviation "N/A" if a particular provision or section of the form is not applicable to you. If there is insufficient space to complete an answer, please continue on a separate piece of paper. Incomplete applications will not be considered.

2. **CRIMINAL HISTORY RECORD.** Applicants may be required to obtain and provide to Exponential Property Management a Criminal History Record from a law enforcement agency (or agencies) designated by Exponential Property Management. If an offer of employment is made and accepted, continued employment will be contingent upon the satisfactory results of a thorough Criminal History Record Check(s).

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

PLEASE PRINT NEATLY USING DARK INK

Personal Information

Application Date: _____

Full Name: _____

Have you ever used another name for work or school? Yes No If "yes", please state name(s), dates, and circumstances:

Social Security Number: _____ *Date of Birth: _____ Phone: _____

* Exponential Property Management is an Equal Opportunity employer. Use of this information will be for a criminal background check only.

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Position Desired: _____ Work-site Location: _____

Full-Time Part-Time Days Evenings Weekends Other: _____

Are you willing to work flexible hours and/or overtime? _____

Date available to start: _____ Salary/Compensation Desired: _____

Referral Source: Employment Agency Newspaper Ad Friend Employee Referral: _____

Property Takeover Walk-in Applicant Relative Other: _____

Have you ever applied for a position with Exponential Property Management before? Yes No If "yes", when and where? _____

Have you ever been employed by Exponential Property Management Yes No If "yes", when and where? _____

Do you have any relatives currently in our employ? Yes No If "yes", please list them: _____

If employment is offered, can you submit a social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.? Yes No

Are you age 18 or older? Yes No (If "no", hire is subject to verification that you are of legal minimum age to work.)

Do you (please check all that apply): Speak English Read English Write English? Do you speak, read or write a language other than English? Yes No If "yes", please specify: _____

A. Have you ever been convicted of or plead guilty to a crime or received deferred adjudication? Yes No

If "yes", please list below all misdemeanors and felonies (other than parking tickets and minor driving violations) for which you have been convicted or received deferred adjudication. A conviction will not automatically disqualify you from being considered as a candidate for employment. You may be asked to verify any criminal record.

Date (Mo/Yr)	Location (city and state)	Type of crime
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Are you currently on probation or parole for any conviction or deferred adjudication? Yes No If "yes", please specify:

Education

High School: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Highest Grade Completed: _____ Did you graduate? Yes No

College: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Years Completed: _____ Major: _____ Degree Received: _____

Trade, Business or Correspondence School: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Years Completed: _____ Major: _____ Degree Received: _____

Summarize any additional experiences and/or skills: _____

Academic honors or awards received: _____

Print Last Name: _____

Licenses and Certifications

- A. Do you have any professional or vocational licenses (real estate, plumbing, electrician, air conditioning, pest control applicator, etc.) or certifications (such as ARM, CAM, CAMT, CAPS, or CPM)? 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- C. Have you ever had a license or certification (if any) revoked, suspended, or curtailed? Yes No If "yes", please explain: _____

Personal/Business References

Do not include relatives or previous employers.

A. Name: _____ No. Years Acquainted: _____
Address: _____
Home/Business Phone: _____ Occupation: _____

B. Name: _____ No. Years Acquainted: _____
Address: _____
Home/Business Phone: _____ Occupation: _____

C. Name: _____ No. Years Acquainted: _____
Address: _____
Home/Business Phone: _____ Occupation: _____

D. Name: _____ No. Years Acquainted: _____
Address: _____
Home/Business Phone: _____ Occupation: _____

E. Name: _____ No. Years Acquainted: _____
Address: _____
Home/Business Phone: _____ Occupation: _____

Print Last Name: _____

Employment History

Start with your current or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex, national origin, age, disability or other protected status.

(Account For the Last 7 Years)

- A. Company: _____ Position Held: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Duties Performed: _____
Supervisor's Name: _____ Supervisor's Current Phone: _____
Employed From (Mo/Yr): _____ To (Mo/Yr): _____ Salary: _____
Reason For Leaving: _____
- B. Company: _____ Position Held: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Duties Performed: _____
Supervisor's Name: _____ Supervisor's Current Phone: _____
Employed From (Mo/Yr): _____ To (Mo/Yr): _____ Salary: _____
Reason For Leaving: _____
- C. Company: _____ Position Held: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Duties Performed: _____
Supervisor's Name: _____ Supervisor's Current Phone: _____
Employed From (Mo/Yr): _____ To (Mo/Yr): _____ Salary: _____
Reason For Leaving: _____
- D. Company: _____ Position Held: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Duties Performed: _____
Supervisor's Name: _____ Supervisor's Current Phone: _____
Employed From (Mo/Yr): _____ To (Mo/Yr): _____ Salary: _____
Reason For Leaving: _____

Print Last Name: _____

(Employment History, continued from previous page)

E. Company: _____ Position Held: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Duties Performed: _____
Supervisor's Name: _____ Supervisor's Current Phone: _____
Employed From (Mo/Yr): _____ To (Mo/Yr): _____ Salary: _____
Reason For Leaving: _____

F. Company: _____ Position Held: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Duties Performed: _____
Supervisor's Name: _____ Supervisor's Current Phone: _____
Employed From (Mo/Yr): _____ To (Mo/Yr): _____ Salary: _____
Reason For Leaving: _____

G. Company: _____ Position Held: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Duties Performed: _____
Supervisor's Name: _____ Supervisor's Current Phone: _____
Employed From (Mo/Yr): _____ To (Mo/Yr): _____ Salary: _____
Reason For Leaving: _____

H. Company: _____ Position Held: _____
Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Duties Performed: _____
Supervisor's Name: _____ Supervisor's Current Phone: _____
Employed From (Mo/Yr): _____ To (Mo/Yr): _____ Salary: _____
Reason For Leaving: _____

(If you need additional space, please continue on a separate sheet of paper.)

Print Last Name: _____

Military Service

A. Were you in the U.S. Armed Forces? Yes No Branch: _____

Length of Service: From: _____ To: _____ Rank at Discharge: _____

Describe any special job related training received: _____

B. Have you had training/schooling under G.I. Bill? Yes No If "yes", describe: _____

Driving Record

Complete if position you are applying for requires driving a vehicle.

Do you have a valid driver's license? Yes No

Driver's License Number: _____ Expiration Date: _____ Issuing State: _____
(mm-dd-yy)

List all restrictions on your driver's license: _____

(If answer is "YES" to any of the following questions, please explain, giving dates and details.)

Has your driver's license ever been revoked or suspended? Yes No _____

Have you ever been convicted for driving while under the influence of alcohol or drugs? Yes No _____

Have you had a vehicle accident of any type within the last three years? Yes No _____

Has your auto insurance ever been canceled or has any company declined to insure you? Yes No _____

TRAFFIC VIOLATION RECORD

List all violations of motor vehicle law or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the three (3) years preceding date of this application.

Date (Mo/Yr)	Nature of violation	Location (city and state)
_____	_____	_____
_____	_____	_____
_____	_____	_____

AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me and may be considered sufficient justification for dismissal if discovered at a later date.

I authorize a thorough investigation, and agree to cooperate in such investigation, of my past employment and activities. I agree to release, from all liabilities or responsibilities, all persons and corporations requesting or supplying such information.

I understand that if employed, my employment is for no definite period of time and that I may terminate my employment relationship with the company at any time, for any reason, and that the company has the same right. I also understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any assurance or promise of continued employment.

If employment is obtained under this application I will comply with all rules and regulations of the company. I agree to be responsible for company property and equipment issued to me by the company until returned to the company.

I hereby agree to submit to any drug or alcohol testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including termination.

I understand that according to federal law all individuals must, as a condition of employment, produce certain documentation to verify their identity as a U.S. citizen or, if aliens, their legal authorization to work in the U.S.A. As a result, I understand that any offer of employment would be contingent upon my ability to produce the required documentation within the time period required by law.

Signature of Applicant

Date

Consent, Authorization, Release And Hold Harmless

I, _____, of _____, (residence), desiring to obtain employment with this company, do hereby consent to and authorize this company and/or any representative of Exponential Property Management, to obtain, verify and exchange information on any reports concerning me as are maintained by, but not limited to City, County, State, Federal Law Enforcement Agencies, Educational Institutions, present and/or past employers including, but not limited to, present and/or past salary verification, present and/or past residences. I understand that any information obtained may be considered by Exponential Property Management as a factor in decisions they make, with respect to the employment for which I am applying.

Furthermore, I hereby release and hold harmless; agents, owners and affiliates of, but not limited to; their officers, directors, employees including but not limited to present and/or past salary verification, Law Enforcement Agencies, Educational Institutions, present and/or past employers, present and/or past residences, that shall provide information to this company and/or any representative of Exponential Property Management upon request, from and against any and all claim demands, suits or expenses arising from or related to the content, validity or handling of said reports.

Signature of Witness

Signature of Applicant

Date

Date

ADDENDUM TO EMPLOYMENT APPLICATION

CONSENT FOR EMPLOYMENT CREDIT REPORT

I, _____, desiring to obtain employment with this company, do hereby consent to and authorize this company and/or any representative of Exponential Property Management to obtain an Employment Credit Report, to be used for employment purposes.

I understand that this company is using a consumer report for employment purposes and before taking any adverse action based in whole or in part on the report, will notify Exponential Property Management so that they can provide the following to the consumer to whom the report relates:

- A) A copy of the report; and
- B) A description in writing of the rights of the consumer under the Act, ("Summary of Consumer Rights").

Witness

Applicant

Date

Date

DISPUTE RESOLUTION POLICY NOTICE OF EMPLOYMENT APPLICATION

By completing and submitting this application for employment with Exponential Property Management, I understand and agree that:

Exponential Property Management (the “Company”), has a Dispute Resolution Policy, which is incorporated by reference in this application. This Policy is the required and exclusive way for applicants, Employees and the Company to resolve any and all disputes. I agree to resolve any dispute between the Company and me arising out of this application or, if the Company hires me, out of my employment, through the Dispute Resolution Policy, which includes binding arbitration as a final step.

Signature of Applicant

Date

Signature of Parent/Legal Guardian
(If under 18 & Unmarried)

Date

Printed Name of Parent/Legal Guardian

Relationship