

# Application For Employment

Wolfe & Associates, Property Services

173 Chapel Street, Santa Barbara, CA 93111

Phone: (805) 964-6770

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

(PLEASE PRINT)

Position (s) Applied for

Date of Application

How Did You Learn About Us?

Advertisement

Friend

walk-in

Employment Agency

Relative

Other \_\_\_\_\_

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Telephone Number(s)

Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes

No

Have you ever filed an application with us before?

Yes

No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?

Yes

No

If Yes, give date \_\_\_\_\_

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

Are you able to legally become employed in this country?

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

Yes

No

On what date would you be available for work?

\_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?

Yes

No

Can you travel if a job requires it?

Yes

No

Have you ever been convicted of a felony?

Yes

No

*Conviction will not necessarily disqualify an applicant from employment.*

Do you have any pending charges in court?

Yes

No

If Yes, please explain \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# Education

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.
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Describe any job-related training received in the United States military
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# Employment Experience

Start with your present or last job, **even if attaching a resume**. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. **\*Please explain any gaps in time between employment.**

Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number (s)	Hourly Rates/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number (s)	Hourly Rates/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number (s)	Hourly Rates/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number (s)	Hourly Rates/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

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

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

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## Specialized Skills

\_\_\_ Microsoft Windows    \_\_\_ MS Publisher    Other (list): \_\_\_\_\_  
\_\_\_ MS Word            \_\_\_ MS Outlook            \_\_\_\_\_  
\_\_\_ MS Excel            \_\_\_ Copy & Fax Machines    \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES     NO

## References

1.	( )
(Name)	Phone #
(Address)	
2.	( )
(Name)	Phone #
(Address)	
3.	( )
(Name)	Phone #
(Address)	

## Applicants Statement

I certify that answers given herein are true and complete to the best of my knowledge.  
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. **By signing this application for employment I authorize the prospective employer to do any type of background check on me including but not limited to criminal, driving, credit, and reference checking. Employer may request drug screening and if requested, I agree to allow such testing to be done at the time of my pre-employment physical.**  
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.  
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the even of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

X \_\_\_\_\_  
SIGNATURE REQUIRED FOR EMPLOYMENT                      Date

Driver's License # \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Email \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Wolfe & Associates, Property Services to provide information about my employment with said Company to any prospective employer. All of my previous listed employer are authorized to release the following information:

Employee Initials:

\_\_\_\_\_ Dates of employment

\_\_\_\_\_ Job title

\_\_\_\_\_ Last range of pay

\_\_\_\_\_ Eligibility for rehire

\_\_\_\_\_ Other information as follows: \_\_\_\_\_

I acknowledge by my signature that my former employers are released from any and all claims, demands or liabilities arising out of or in any way related to the disclosure of the information above. By initialing the item(s) above, I acknowledge that I have authorized my former employers to release such information. I have read and reviewed the foregoing Release and I understand its contents.

**CAUTION: THIS IS A RELEASE. READ BEFORE SIGNING.**

Executed at \_\_\_\_\_, California, on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(city) (date)

\_\_\_\_\_  
Employee's Signature (REQUIRED FOR EMPLOYMENT)

\_\_\_\_\_  
Signature of Employer Representative

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# Disclosure and Authorization to Obtain Investigative Consumer Report

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In connection with my application for employment or promotion or other job change, I understand that Wolfe & Associates may obtain an INVESTIGATIVE CONSUMER REPORT that will include information as to my character, general reputation, personal characteristics and mode of living. This report may reveal information about work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Such a report may be requested by or on behalf Wolfe & Associates. Further, I understand and agree that Wolfe & Associates may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background and professional licensing if any.

Report will be ordered from:

CONSUMER REPORTING AGENCY NAME

: \_\_\_\_\_

CONSUMER REPORTING AGENCY ADDRESS:

\_\_\_\_\_

CONSUMER REPORTING AGENCY CITY, STATE,

ZIP: \_\_\_\_\_

CONSUMER REPORTING AGENCY PHONE: \_\_\_\_\_

You have the right, upon written request made within a reasonable period of time (not to exceed 30 days) after receipt of this notice to receive a written disclosure of the nature and scope of any investigation.

If a consumer investigative report is obtained and an adverse decision is made affecting your employment, Wolfe & Associates will provide to you, before making the adverse decision, a copy of the investigative consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

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## NOTICE TO CALIFORNIA APPLICANTS

You have a right to obtain a copy of any investigative consumer report obtained by Wolfe & Associates by checking the box provided below. The report will be provided to you within three business days after the report is provided to Wolfe & Associates.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency named above during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the Consumer Reporting Agency identified above in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I acknowledge that a fax or copy of this Disclosure and Authorization bearing my signature shall be as valid as the original. This authorization is valid for any consumer report requested at any time during the tenure of my employment. This release is valid for all federal, state, county and local agencies and authorities. I acknowledge that I have received a copy of the Summary of Rights pursuant to the Fair Credit Reporting Act (FCRA).

Print Name \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Applicant Signature (REQUIRED FOR EMPLOYMENT)

\_\_\_\_\_ Date \_\_\_\_\_