

APPLICATION FOR EMPLOYMENT

WE CONSIDER ALL APPLICATIONS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, HANDICAP, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

PERSONAL INFORMATION:

Full Legal Name		Today's Date
Street Address	City & State	Zip
E-mail Address		Home/Cell Phone Number

Are you eligible to work in the U.S.? Yes No

Are you over the age of 18 years? Yes No

Are you a Veteran? Yes No

How did you hear about us? _____

Emergency Contact	Name	Phone Number
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EMPLOYMENT DESIRED:

Property Name	Position
Date you Can Start	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal

What is your desired rate of pay? \$_____

Are you able to work the requested hours? Yes No

If not, what hours can you work? _____

Willing to work overtime if asked? Yes No

Have you worked for this company before? Yes No

If yes, where? _____

Do you know anyone who works for us? Yes No

If yes, who? _____

What languages do you speak? _____

What skills do you have that qualify you for the job you're applying for?

Have you ever been convicted of a felony or crime against a person? Yes No

If yes, please explain:

EDUCATION	Name and Location	Degree Received	Subjects studied/major
High School			
College or University			
Trade, Business or Technical School			

Work History:

Previous work history starting with the most recent.

From (MM/YY)	To (MM/YY)	Employer Name	Telephone Number
Job Title		Address	
Supervisor's Name		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time Wage:	
Job Description			
May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving?	

From (MM/YY)	To (MM/YY)	Employer Name	Telephone Number
Job Title		Address	
Supervisor's Name		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time Wage:	
Job Description			
May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving?	

From (MM/YY)	To (MM/YY)	Employer Name	Telephone Number
Job Title		Address	
Supervisor's Name		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time Wage:	
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From (MM/YY)	To (MM/YY)	Employer Name	Telephone Number
Job Title		Address	
Supervisor's Name		<input type="checkbox"/> Fulltime <input type="checkbox"/> Part time	Wage:
Job Description			
May we Contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving?	

REFERENCES:

Please list three professional references.

Name	Phone Number	E-mail
Name	Phone Number	E-mail
Name	Phone Number	E-mail

This application for employment shall be considered active for a period of time not to exceed 45 days.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing. In addition, applicant understands that before any employment contract is final, that applicant will need to pass a "drug test" that will test for the use of illegal drugs.

In the event 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.

I AUTHORIZE the making of whatever credit or personal inquires are deemed necessary in connection with my employment application. This includes but is not limited to a criminal background check. I authorize and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain in response to such inquires and agree that same shall remain your property whether or not employment is contracted. I agree not to hold you responsible for not employing me based on information obtained from third parties, even if such information is faulty or erroneous. I have read the forgoing application and the statements made in it are true and correct.

Signature: _____

Date: _____

New Employee Credit & Criminal Background Check

Resident Managers:

Please have your potential employee completely fill out the information below and make sure they sign and date it. Once they're done, scan and upload to InstaScreen. The results will then be sent to Human Resources. Upon review you will receive an approval or denial to further the hiring process with a preemployment drug test. After they have cleared the drug screen, to avoid delays you must submit the fully completed new employee packet so they can be added to payroll.

USE CLEAR HANDWRITING.

Applicant:

Please fill out the information below accurately and sign. By signing this form, you are authorizing Kingsley Management Corporation to conduct a credit check and criminal background check.

Legal Last Name*	Legal First Name*	Middle Name
Former Last Name/Alias	Former First Name/Alias	Former Middle Name/Alias
Date of Birth MM/DD/YYYY		Social Security Number*

Current Street Address*		How long have you lived here?
Zip Code*	City*	State

Previous Street Address*		How long did You live here?
Zip Code*	City*	State

Signature: _____

Date: _____

Drug Test Results Release Form

I _____ hereby give your company permission to release my drug test results to the Human Resource Manager of Kingsley Management Corporation.

Kingsley Management Corporation requests a RAPID Drug Screen 10 Panel and also requests that the test be **OBSERVED**.

*If individual is applying for maintenance position, a basic physical is also requested.

The results can be faxed (801) 705-0107 or emailed to hr@kmcmmh.com.

If you have any questions, contact Human Resources at (801) 228-9702 ext. 139.

Thank you,

Signature: _____

Date: _____

This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



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