



APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization and we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

Note: All applicants will be required to furnish proof of identity and legal work authorization to be considered for employment.

(PLEASE PRINT)

Applicant Name: _____

Position applied for: _____

Application submitted for which location: _____

Type of employment desired: Full-time Part-time Temporary

Woodruff Property Management company and its affiliates are Equal Opportunity Employers.

Applicants will be considered without discrimination based on race, religion, color, sex, national origin, genetic information, marital status, disability or veteran status.

PLEASE COMPLETE ALL QUESTIONS AND PUT "N/A" WHERE NOT APPLICABLE (PLEASE PRINT)

PERSONAL DATA

Full Legal Name _____ Date Application Completed _____

Home Address _____

Mailing Address (if different) _____

Social Security Number _____ Email Address _____

Home Phone Number _____ Cell Phone Number _____

Are you legally eligible for employment in the USA? Yes No Are you 18 years of age or older? Yes No

Date Available for work _____ Are you interested in: Full-time Part-Time

Shifts Available: Day Evening Weekend

Please list any days or times when you are not available to work:

Monday _____ Thursday _____ Sunday _____

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

Have you ever worked for Woodruff Property Management company? Yes No If yes, when and where:

Do you have any relatives currently employed by Woodruff Property Management Company or any other Woodruff Company? Yes

No If yes, list their name and location.

Do you know anyone that is currently or was previously employed by Woodruff Property Management Company or any other Woodruff Company?

Yes No If yes, list their name and location.

Please give any further information that you believe might be helpful in the consideration of your application (i.e. awards, memberships. Specialized training, etc.)

EDUCATIONAL HISTORY

Name of institution and location	Dates	Degree/License

If a license is required for the position that you are applying, please identify the license number and state of issuance:

EMPLOYMENT HISTORY
(PLEASE PRINT AND COMPLETE – DO NOT WRITE “SEE RESUME”)

Start with your present/most recent job. If more room is needed you may attach additional sheets.

Job Title _____	Employer _____
Location _____	Supervisor/Title _____
Dates: from (mo/yr) _____ to (mo/yr) _____	Phone/email _____
List duties Below: _____ _____	May we contact your present/most recent supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no
Reason for leaving: _____	Salary: starting _____ ending _____

Job Title _____	Employer _____
Location _____	Supervisor/Title _____
Dates: from (mo/yr) _____ to (mo/yr) _____	Phone/email _____
List duties Below: _____ _____	May we contact your present/most recent supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no
Reason for leaving: _____	Salary: starting _____ ending _____

Job Title _____	Employer _____
Location _____	Supervisor/Title _____
Dates: from (mo/yr) _____ to (mo/yr) _____	Phone/email _____
List duties Below: _____ _____	May we contact your present/most recent supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no
Reason for leaving: _____	Salary: starting _____ ending _____



REFERENCES

List names, phone numbers and relationships of 3 persons **not related** to you who can attest to your work experience and qualifications.

NAME	PHONE NUMBER	RELATIONSHIP/YEARS KNOWN
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

IN CASE OF EMERGENCY. PLEASE CONTACT

NAME _____	RELATIONSHIP _____
HOME NUMBER _____	CELL NUMBER _____
MAILING ADDRESS (street name, number, city, state, and zip code) _____	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for employment without regard to race, color, sex, national origin, age, genetic information or disability. Equal Access to programs, service and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources.

I understand that if hired, my employment will be for no definite period, regardless of the period of payment of wages. I further understand that I have the right to terminate my employment at any time with or without notice, and Woodruff Property Management Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary.

I understand that Woodruff Property Management Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcoholic test to the extent permitted by law. I authorize Woodruff Property Management Company to investigate my driving record, my criminal record, and other relevant background information. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation. I further understand that Woodruff Property Management Company may contact my previous employers and I authorize those employers to disclose to Woodruff Property Management Company all records and other information pertinent to my employment with them. I also authorize Woodruff Property Management Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information. I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if any such information is found to be false, incomplete or misleading in any respect, I may be denied employment. I understand that if I am employed and any such information is later found to be false, incomplete or misleading in any respect, I may be discharged from employment. In the event of my employment, I will furnish proof of my eligibility to work in the United States.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTOOD THIS STATEMENT ABOVE

_____ Date	_____ Signature of Applicant
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Woodruff Property Management Company is a Drug Free Workplace



Applicant Disclosure and Authorization Statement

(Please complete, sign and return this authorization)

In connection with your employment or application for employment and any future employment with Woodruff Property Management Company and any subsidiary, you may have information requested about you from a consumer reporting agency in connection with your application for employment purposes. This information may be obtained in the form of background reports and/or investigative reports. These reports may be obtained at any time after receipt of your signed authorization and, if you are hired by Woodruff Property Management Company, throughout your employment if permissible under applicable Woodruff Property Management Company policy and/or state law.

These reports may contain information about your character, general reputation and/or mode of living. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; criminal records checks; public court records checks; driving records checks; employment history verifications; and professional licensing/certification checks. This information may be obtained from private and/or public records sources, including, as appropriate, governmental agencies and courthouses; educational institutions; former employers; or other information sources.

I understand that before information from a consumer report or investigative consumer report is used to make an adverse employment decision, Woodruff Property Management Company will provide me with a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

If adverse action is taken resulting from information obtained, in whole or in part, from consumer reports and/or investigative reports, you will have the option to receive a copy of the report from S2Verify, LLC. S2Verify, LLC can be contacted at P.O. Box 2597, Roswell, GA 30077 or by phone at (855)671-1933 or by email at customerservice@s2verify.com.

A summary of your rights under the Fair Credit Reporting Act and other applicable state laws can be found at: <http://www.S2Verify.com/Resources.html> or at the hiring site.

Additional State Law Notices

California, Oklahoma and Minnesota: You have the right to receive a copy of your background/investigative report by checking the box on the Authorization of Background Investigation below. **California Law:** Pursuant to Section 1786.22 of the California Civil Code, you may view the file maintained on you by S2Verify during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at S2Verify's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. S2Verify has trained personnel available to explain your file to you, including any coded information.

Maine: You have the right, upon request, to be informed of whether an investigative background report was requested, and if one was requested, the name, address, and telephone number of the nearest unit designated to handle inquiries of each background reporting agency issuing an investigative consumer report. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

Massachusetts and New Jersey: If we request an investigative background report, you have the right, upon written request, to a copy of the report.

New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

By signing the Authorization below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Washington State: If Woodruff Property Management Company requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from Woodruff Property Management Company a complete and accurate disclosure of the nature and scope of the investigation requested by Woodruff Property Management Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

CREDIT REPORTS:

Connecticut, Hawaii, Maryland, Oregon, and Washington State: I further understand that COMPANY will not obtain information about my credit worthiness, credit standing or credit capacity unless the information is (i) required by law (ii) I am seeking employment with a financial institution (Connecticut only), (iii) I am seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union share guaranty corporation that is approved by the Maryland commissioner of Financial Regulation or an entity or an affiliate of the entity that is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only), (iv) I am seeking employment as a covered police or peace officer of with a federally insured bank or credit union (Oregon only), (v) the Woodruff Property Management Company reasonably believes I have engaged in specific activity that constitutes a violation of law related to my employment (Connecticut only) or (vi) is substantially job related, as disclosed below.

Illinois: I further understand that Woodruff Property Management Company will not obtain information about my credit history unless at least one the following circumstances is present: (1) State or federal law requires bonding or other security covering an individual holding the position.(2) The duties of the position include custody of or unsupervised access to cash or marketable assets valued at \$2,500 or more. (3) The duties of the position include signatory power over business assets of \$100 or more per transaction. (4) The position is a managerial position which involves setting the direction or control of the business. (5) The position involves access to personal or confidential information, financial information, trade secrets, or State or national security information. (6) The position meets criteria in administrative rules, if any, that the U.S. Department of Labor or the Illinois Department of Labor has promulgated to establish the circumstances in which a credit history is a bona fide occupational requirement. (7) The employee's or applicant's credit history is otherwise required by or exempt under federal or State law.

Authorization of Background Investigation

I have carefully read, and understand, this Disclosure and Authorization form and the summary of rights under the Fair Credit Reporting Act and the applicable state laws at (<http://www.S2Verify.com/resources.html>) or the office copy provided at the hiring site. By my signature below, I consent to the release of background reports and/or investigative background reports prepared by a background reporting agency, such as S2Verify, Inc., to Woodruff Property Management Company and its designated representatives and agents for the purposes of determining my eligibility for employment, retention, or other lawful employment purposes. I understand that if Woodruff Property Management Company hires me, my consent will apply, and Woodruff Property Management Company may obtain background reports throughout my employment if permissible under applicable Woodruff Property Management Company policy and as allowed by state law.

I understand that information contained in my employment application, or otherwise disclosed by me before, or during, my employment, if any, may be used for the purpose of obtaining background reports and/or investigative background reports. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the background reporting agency.

By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Disclosure and Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of Woodruff Property Management Company.

California, Minnesota or Oklahoma applicants only:

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

I wish to receive a free copy of the report.

First Name: _____ Middle Initial _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Drivers License Number _____ State of Issue _____

Email Address: _____

Signature: _____ Date: _____



**CONSENT AND ACKNOWLEDGEMENT
TO ALCOHOL AND/OR DRUG TESTING**

(Please sign and return this acknowledgement)

I understand and agree to comply with Woodruff Property Management Company's alcohol, drug and substance abuse policy. I understand that the policy provides that I may be requested to submit to alcohol and/or drug screening tests. In consideration for my employment and/or continued employment, I hereby consent to submit myself to alcohol and/or drug testing upon request by management, and further waive and release any and all claims that I might have against Woodruff Property Management Company, its management, and agents relating in any way to such testing.

By signing this form, I acknowledge that: (1) I consent to a screening test; (2) I consent to the release of the test results to appropriate representatives of Woodruff Property Management Company or its agents; (3) I understand that such a screening test is part of Woodruff Property Management Company's alcohol, drug and substance policy; and (4) I understand the Woodruff Property Management Company will keep my results confidential to the extent possible.

I understand that a failure to submit to a drug and/or alcohol at any time before or during my employment may result in disciplinary action, up to and including termination.


Print Name _____ Signature _____

Date _____

Witnessed by Name _____ Signature _____



This Employer 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 provide you written instructions and an opportunity to contest SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.


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

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.


If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2615).

Employment Verification  **Don't.**

For more information on E-Verify, please contact DHS at: **1-888-464-4218**



Este Empleador Participa en E-Verify




Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En caso de que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedido.


Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunos de los tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2615).

Employment Verification  **Don't.**

Para mayor información sobre E-Verify favor ponerse en contacto con la oficina del DHS llamando al: **1-888-464-4218**



IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that— No employer can deny you a job or fire you because of your national origin or citizenship status.

In most cases employers cannot require you to be a U.S. citizen or permanent resident or restrict any employment benefits or documents.

Many of these things have happened to you, you may have a valid charge of discrimination that can be filed with the USC. Contact the Office of Special Counsel for Employment Practices in the Washington, D.C., 202-401-6-5525

Call 1-800-255-7688 (TDD: 1-800-237-2615) in the Washington, D.C., 202-401-6-5594 (TDD: 202-401-6-5525)

Overseas to U.S. Department of Justice, Office of Special Counsel - NYA, 950 Pennsylvania Ave., NW, Washington, DC 20530



SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.

Debe saber que— Ningún patrono puede negarle trabajo, o puede despedirlo, debido a su país de origen o a su condición de inmigrante.

En la mayoría de los casos, los patronos no pueden exigirle que sea ciudadano o residente permanente de los Estados Unidos o restringirle permisos o beneficios o documentos válidos por ley.

Si se ha encontrado en situaciones usted podría tener una queja válida al USC. Contacte al Consejo Especial de Prácticas de Empleo en el idioma español.

Lláme al 1-800-255-7688 (TDD: 1-800-237-2615) en el Washington, D.C., 202-401-6-5594 (TDD: 202-401-6-5525) o escriba al USC a la siguiente dirección:

U.S. Department of Justice, Office of Special Counsel - NYA, 950 Pennsylvania Ave., NW, Washington, DC 20530

