



APPLICATION FOR EMPLOYMENT



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P. O. Box 700
 Goshen, CA 93227-0700
 (559) 651-3559
 (559) 651-2585 Fax

DATE: _____

POSITION APPLYING FOR: _____

PERSONAL	Las Last Name		First	Middle	Home Telephone
					()
	Street Address				Cell Phone
					()
	City, State, Zip				Social Security #
Have you ever applied for employment with us?		If yes: Month and Year		Are you available full-time?	What pay are you looking for?
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally eligible for employment in the United States?				<input type="checkbox"/> Yes <input type="checkbox"/> No	What date are you able to begin work?
What languages, other than English, can you speak fluently?					

	Schooling	Name and Location of School	Courses Studied	Yrs. Completed	Graduate?	Degree/Diploma
EDUCATION	Graduate/ Business					
	College					
	High School					
	Elementary					

Other special training or skills (languages, machinery, etc.)	Membership in Professional or Civic Organizations

Do you have any experience with the following? (mark all that apply)

Section 8 HCD USDA Other _____

EMPLOYMENT HISTORY

CURRENT EMPLOYER: Company Name	Address	Telephone ()
Name of Supervisor	Dates Employed (Month and year) From: To:	Weekly/Monthly/Hourly pay (Circle one) Start Amt. Last Amt.
State Job Title and Describe Your Work		Reason for leaving

PREVIOUS EMPLOYER: Company Name	Address	Telephone ()
Name of Supervisor	Dates Employed (Month and year) From: To:	Weekly/Monthly/Hourly pay (Circle one) Start Amt. Last Amt.
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B R U E S F I E N R E E S N S C E S	NAME	()	PHONE	JOB TITLE
	NAME	()	PHONE	JOB TITLE
	NAME	()	PHONE	JOB TITLE
	NAME	()	PHONE	JOB TITLE
	NAME	()	PHONE	JOB TITLE

In order to be considered for the position listed, applicant must consider the requirements indicated and attest whether he/she has any physical condition, handicap, or lack of qualification which may limit his/her ability to perform the job applied for.

- POSITION APPLIED/APPLYING FOR:**
 - Accounting/Bookkeeping (Tetra main office)
 - Resident Apartment Manager
 - Assistant Apartment Manager
 - Maintenance
 - Property Supervisor
 - Reception
 - Other _____

The physical demand and work environment characteristics described below are representative of those that may be required by an employee to successfully perform the essential functions of the job.

- PHYSICAL/MISCELLANEOUS REQUIREMENTS:**
 - Walking up/down stairways
 - Bending over at waist/squatting/crawling/crouching/kneeling
 - Reaching above shoulder level
 - Lifting from floor
 - Pushing/pulling with both hands
 - Walking on uneven ground
 - Use of foot control/repetitive movement w/feet
 - Repetitive hand/finger motion
 - Lifting up to 50 pounds (Less for non-maintenance positions)
 - Walking up to 3 miles per day
 - Sitting up to 8 hours per day
 - Driving up to 8 hours per day
 - Carrying up to 50 pounds for a distance of up to 200 feet (Maintenance positions)
 - Standing up to 8 hours per day
 - Exposure to inclement weather and extremes in temperature
 - Climbing ladders
 - Exposure to unpleasant/unplanned events
 - Exposure to noise varying from moderate to high
 - Talking/communicating with others up to 8 hours per day
 - Use of telephone/headset up to 8 hours per day
 - Keyboarding/data entry up to 8 hours per day
 - High school level math and written English skills
 - Meet job requirements or deadlines, which may require extra effort and/or time
 - Specific vision abilities to include close vision, depth perception, ability to adjust focus up to 8 hr/day
 - Exposure to chemicals/hazardous substances:
 - Industrial cleaning agents
 - Polishes, waxes, etc.
 - Harsh soaps
 - Pool chemicals
 - Batteries/Battery Acid
 - Paint and paint odors

If applicant believes he/she has a limitation, please list which, if any, requirement(s) would be affected and what could be done to accommodate such limitations(s):

Possible Affected Requirement

Possible Accommodation

If applicant has no such limitation, please indicate by initialing here: _____.

Applicant may be required to take a pre-employment physical exam given by a physician selected by Tetra Property Management, Inc. to verify any noted limitations that would impair applicant's job performance.

Applicant further realizes that providing false information or omitting pertinent data may result in the denial of Worker's Compensation benefits, Disability Insurance or Unemployment benefits, if applied for.

Failure to fully and truthfully complete this disclosure and application will remove applicant from consideration for the position applying for or will result in termination, if hired.

Tetra Property Management, Inc. is an At-Will employer.

STATEMENT OF CONSENT

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I HEREBY GIVE THE COMPANY PERMISSION TO CONTACT SCHOOLS, PREVIOUS EMPLOYERS, REFERENCES, AND OTHERS, AND HEREBY RELEASE THE COMPANY FROM ANY LIABILITY AS A RESULT OF SUCH CONTACT.

PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, HANDICAP OR VETERAN STATUS.

BY MY SIGNATURE HERETO, I DECLARE THAT ALL INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature (do not print)

AUTHORIZATION TO CHECK BACKGROUND, CREDIT & EMPLOYMENT REFERENCES

As part of its due diligence procedures, Tetra Property Management requires that a background investigation and a check of references be conducted. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment with Tetra Property Management, Inc. or its agents or affiliates.

I voluntarily authorize Tetra Property Management, Inc. or any of its officers, employees, or agents to check my references by contacting any person or entity whom they deem appropriate. **By my signature below**, I also authorize disclosure of information concerning my employment history, earnings history, education, credit history, credit capacity and credit standing, driving record history and standing, criminal records and conviction history, pre-employment drug test results, and any and all other information deemed pertinent by Tetra Property Management, Inc. from the following: my past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and, motor vehicle records agencies.

I also hereby release Tetra Property Management, Inc. from any and all liability for damages or claims, which may arise or result from any reference information gathered pursuant to this authorization.

If I am not hired due to the information Tetra Property Management, Inc. learns from my credit report, I will be notified in writing and a copy of said report will be supplied to me with a written summary of my rights under the Fair Credit Reporting Act of 1970 as amended in 1996. This authorization expires within 30 days of the date of signature.

Applicant's Name

Social Security Number

Current Street Address

City, State and Zip Code

Driver's License Number and State

Date of Birth

Signature

Date

Note: As per AB22 – Employer use of Consumer Credit Reports, Chapter 3.6, Section 1024.5 – Tetra Property Management, Inc. will run a credit report and background check if our intention is to offer an employment position. Good credit and a clear background check is a mandatory requirement as part of the position for which you would be offered employment. As an employee, you would have access to individuals' social security numbers, driver license numbers, credit card information, bank information, and birthdates in addition to other items of financial information. All information is for business purposes only and is not to be used for your personal use. The use of another person's identity or information for personal gain is against the law.