

APPLICATION FOR EMPLOYMENT

with

Kole Management Company

www.apartmentsavannah.com

1719 Abercorn Street

Savannah, Ga 31401

Phone 912-232-3555

Fax 912-232-6770

An Equal Opportunity Employer

*This Application will be active for 30 days

Your application will be considered for the available position(s) for which you are applying. However, acceptance of this application does not imply that you will be hired although the form is complete in all respects.

The Company is an Equal Opportunity Employer and does not discriminate because of race, color, sex, pregnancy, national origin, religion, age, disability or veteran status. The Company is interested in your experience, communications skills, attitude and overall qualifications for employment with the Company. Please notify the Company's Human Resources Personnel if any accommodations are needed in the application process.

With this in mind, please complete this form carefully and completely in your own handwriting and sign with your regular signature. All disclosures, consents and other authorizations must be signed and dated for this application to be considered.

PERSONAL INFORMATION

Name _____ Social Security Number _____

Last

First

Middle

Present Address _____ Since _____

Number & Street

City

State

Zip Code

Home Number () - Work Number () - Cell Number () -

Email Address _____

Date of this application: _____ Location of Position _____

Position applying for _____ Salary Desired _____

How did you hear about this position? _____

Are you willing to work flexible hours, which may or may not include weekends and/or overtime? ___Yes___ No

Are you 18 years or older? ___Yes___ No If under 18 years of age, can you obtain a work permit? ___Yes___ No

Have you ever obtained employment under another name? ___Yes___ No If yes, please explain: _____

Have you ever applied to or been employed by this company before? ___Yes___ No If yes, when? _____

Where? _____ Who was your immediate supervisor? _____

Are you related to or acquainted with any employees of this company? ___Yes___ No If yes, explain: _____

In the event of an emergency, who should be contacted? _____

Last Name

First Name

Phone No.

Relationship

Do you smoke? ___Yes___ No

Please list any organization or professional group and the offices you held which have direct bearing upon your qualifications for the job which you are seeking. You may exclude those clubs, etc. which, by nature, would identify your race, religion, national origin, ancestry, age, sex, color, marital status or physical or mental handicap. _____

Have you ever been bonded? ___Yes___ No If yes, on what jobs? _____

EDUCATION

School	Name & Location	Majored Courses	Number of Years Attended	Graduate? Degree _____ ___Yes___No
High School	_____	_____	_____	___Yes___No
College	_____	_____	_____	___Yes___No
Graduate	_____	_____	_____	___Yes___No
Business/Trade	_____	_____	_____	___Yes___No
Special Training	_____	_____	_____	___Yes___No

What special training have had other than high school or university, including any certificates or licenses which you hold? _____

Do you speak or write any foreign language? ___Yes___No If yes, please list: _____

List any academic prizes, honors or awards received. _____

Grade Point Average: _____ High School _____ College _____

Can you type? ___Yes___No If yes, how many words per minute: _____ WPM

EMPLOYMENT

List Present or Most Recent Employer first, including Armed Forces. If you need additional pages, please ask for them.

Are you employed at present? ___Yes___No May we contact your present employer? ___Yes___No

Employer _____ Phone _____
Address _____ Zip _____
Job Title(s) _____ Immediate Supervisor _____
Description of work _____
Reason for leaving _____
Employed from ___ / ___ / ___ to ___ / ___ / ___ Salary: starting _____ ending _____

Employer _____ Phone _____
Address _____ Zip _____
Job Title(s) _____ Immediate Supervisor _____
Description of work _____
Reason for leaving _____
Employed from ___ / ___ / ___ to ___ / ___ / ___ Salary: starting _____ ending _____

Employer _____ Phone _____
Address _____ Zip _____
Job Title(s) _____ Immediate Supervisor _____
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Employer _____ Phone _____
Address _____ Zip _____
Job Title(s) _____ Immediate Supervisor _____
Description of work _____
Reason for leaving _____
Employed from ____ / ____ / ____ to ____ / ____ / ____ Salary: starting _____ ending _____

Employer _____ Phone _____
Address _____ Zip _____
Job Title(s) _____ Immediate Supervisor _____
Description of work _____
Reason for leaving _____
Employed from ____ / ____ / ____ to ____ / ____ / ____ Salary: starting _____ ending _____

If there are breaks in your employment history of 3 months or more, please list dates and explain: _____

Military Service *If not applicable please write N/A
Date entered service _____ Highest rank held _____
Date discharged _____ Rank at time of discharge _____
Are you a member of the Active Reserves? ___Yes___ No If yes, what is your obligation? _____

Any special commendations or recognition? _____
Do you have an honorable discharge? ___Yes___ No If your discharge was other than honorable, please explain type and reason in space provided. Note: Discharges other than honorable are not necessarily a bar to employment; however, deception as to the exact nature of discharge will result in denial of employment or a subsequent discharge with cause should you be hired. _____

Work References (Not Relatives)

	Name	Address	Phone	Business Type
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Have you ever been convicted of a felony or misdemeanor or are there any legal proceedings pending against you? ___Yes___ No
If yes, please explain: _____
No applicant will be denied employment solely on the grounds of conviction of a felony or misdemeanor offense. The nature of the offense, the date of the offense, surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

ADDENDUMS TO APPLICATION FOR EMPLOYMENT

COMMUNICATIONS CONSENT

INITIALS I Authorized the Company and any representative or employee of the Company to make any inquiry or engage in any discussion concerning me which the Company or its representatives and employees deem appropriate. I authorize the Company to obtain information from any source concerning me, my history and references to the full extent that the Company in its discretion deems necessary to determine my suitability for employment. Furthermore, the Company, or its representatives and employees may discuss my employment and any matters relating to me with anyone without liability to the Company or any employee or representative of the Company.

INITIALS I authorize and request any company, firm or person to freely discuss with any employee or representative of the Company any matter which the Company deems appropriate. I also ask the person, firm or company to which or to whom inquiry is made to reveal full information records, or other materials which may pertain to me. I authorize the release of information about me without liability to any person, firm, or company releasing such information.

This _____ day of _____, 20____ Signature _____

EMPLOYMENT APPLICATION SUPPLEMENT

INITIALS I understand that I may be required to submit a screening for alcohol, drugs, or other controlled substances in connection with my application for employment. I hereby consent for the Company, a Collection Facility and a Reference Laboratory to perform appropriate tests or examinations for the presence of alcohol, drugs and other chemical substances. Further, I give my consent for the release of the test results, or other medical information to the Medical Review Officer and/or authorized management of the Company for appropriate review. I understand that if I refuse to consent, the offer of employment may be withdrawn or if I am already working, I may be terminated. I also understand that a positive test result may result in the withdrawal of the offer of employment or if I am already working, termination of employment. I release the Company, its employees, management and its designated medical or professional representatives, from any and all claims or causes of action resulting from such a test, the release of the results of the test and any decisions resulting therefrom.

This _____ day of _____, 20____ Signature _____

FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE AND AUTHORIZATION FORM

THE COMPANY DISCLOSES TO YOU THAT AN INVESTIGATIVE CONSUMER REPORT MAY BE OBTAINED FOR EMPLOYMENT PURPOSES AS PART OF YOUR PRE-EMPLOYMENT BACKGROUND INVESTIGATION AND AT ANY TIME DURING YOUR EMPLOYMENT.

INITIALS I hereby acknowledge receipt of this disclosure. I also hereby authorize the procurement of Investigative Consumer Reports by the Company as part of the pre-employment background investigation and at any time during my employment. I understand that such reports will include information as to my character, general reputation, personal characteristics and mode of living, whichever are applicable. I understand that I may make a written request to the Company, within a reasonable period of time after receipt of this disclosure, as to the nature and scope of the investigation and that a written summary of my rights pursuant to the FCRA is available.

This _____ day of _____, 20____ Signature _____

FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE AND AUTHORIZATION FORM

THE COMPANY DISCLOSES TO YOU THAT A CONSUMER REPORT MAY BE OBTAINED FOR EMPLOYMENT PURPOSES AS PART OF YOUR PRE-EMPLOYMENT BACKGROUND INVESTIGATION AND AT ANY TIME DURING YOUR EMPLOYMENT.

INITIALS I hereby acknowledge receipt of this disclosure. I also hereby authorize the procurement of Consumer Reports by the Company as part of the pre-employment background investigation and at any time during my employment.

This _____ day of _____, 20____ Signature _____

