



May we contact your employer(s)  Yes or  No

Is a relative of yours currently employed with WSPM?  Yes or  No

If yes, what is their full name: \_\_\_\_\_

Have you previously worked for WSPM?  Yes or  No

If yes, when? \_\_\_\_\_

Please disclose any family members that may reside at the property at which you are applying for:

\_\_\_\_\_

Are you aware of any physical limitations you may have that would affect your ability to carry out all job duties?

Yes or  No

If yes, please explain: \_\_\_\_\_

## Education:

High School (Name, City, State) \_\_\_\_\_ Years Completed \_\_\_\_\_

College/ Business / Trade School \_\_\_\_\_ Degree, Major \_\_\_\_\_

Work Related Information (Licenses, Professional, Registrations, Certifications, Training, etc.)

\_\_\_\_\_

\_\_\_\_\_

Computer Experience, please list (software, programs, etc.)

\_\_\_\_\_

\_\_\_\_\_

Describe your experience/ skills in property management, rent collection, unit inspections, tenant charges, government housing programs, Rural Development, HUD, Section 8 programs:

\_\_\_\_\_

\_\_\_\_\_

Do you have experience in grounds and building maintenance or construction trades, if so please describe.

\_\_\_\_\_

\_\_\_\_\_

Special Training or Education:

\_\_\_\_\_

# Employment History

Present Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Employer Address:

Street City State Zip Code

Job Title: \_\_\_\_\_ Describe your duties: \_\_\_\_\_

Reason for Leaving:

Previous Employer: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Employer Address:

Street City State Zip Code

Job Title: \_\_\_\_\_ Describe your duties: \_\_\_\_\_

Reason for Leaving:

**Previous Employer:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_ **Hourly Rate:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Employer Address:**

\_\_\_\_\_  
**Street** **City** **State** **Zip Code**

**Job Title:** \_\_\_\_\_ **Describe your duties:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:**

\_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_ **Hourly Rate:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Employer Address:**

\_\_\_\_\_  
**Street** **City** **State** **Zip Code**

**Job Title:** \_\_\_\_\_ **Describe your duties:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:**

\_\_\_\_\_

Use additional paper if necessary.

Please explain any gaps in your work history. Any unexplained employment gaps exceeding 30 days may dismiss you from further consideration in the employment process:

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Reference: Names, address of three people, not relatives, who have knowledge of your skills, experience and ability.

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**Employee Acknowledgement:**

I certify that the information I have provided in applying for this position is true and complete to the best of my knowledge and belief. I give Weststates Property Management Co. permission to verify and/or disclose any information given in connection with this application for personnel employment purposes and acknowledges the fact that Weststates Property Management Co. will conduct a background check prior to employment. I understand that any misstatements or omission in the application materials may be cause for elimination from further consideration or dismissal if hired.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Weststates Property Management Co. is an Affirmative Action/ Equal Opportunity Employer. Weststates Property Management provides equal employment opportunities to all employees and applicants for employment, without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, or the presence of handicaps or disabilities, or any other basis protect by state or federal law.



AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION OF EMPLOYMENT

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I hereby authorize Weststates Property Management Company, and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer/criminal report to be generated for the purpose of possible employment. I understand that the scope of the consumer report/investigative consumer/criminal report may include, but is not limited to the following areas: Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, character references, credit history and reports, criminal history records from any criminal justice agency in any or all federal state county jurisdictions, birth records, motor vehicle records to include citations and registration and any other public records.

I \_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any employment decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax and copy form.

I hereby release Weststates Property Management Company, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. You may contact me as indicated below. I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company employment regulations.

**The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.**

Name: (print) \_\_\_\_\_

First

Middle (full name)

Last

Maiden

Print All Former Names Used:

1. \_\_\_\_\_

2. \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION OF EMPLOYMENT  
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Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

May we contact your employers: \_\_\_\_\_ Y \_\_\_\_\_ N

Comments: \_\_\_\_\_

Residences in the previous 10 years (City & State)

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury,

that I am \_\_\_\_\_  
(Print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States

\_\_\_\_\_ 2. A noncitizen with eligible immigration status as documented below. (A copy must be provided and attached with application):

Admission Number: \_\_\_\_\_ or Alien Registration Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature