



American Property Management

2154 NE Broadway Portland, Oregon 97232

Mailing Address: PO Box 12127, Portland, Oregon 97212

Phone (503) 284-2147 Fax (503) 287-1587

www.apmportland.com

Application For Employment

(Applicant may attach a prepared resume in lieu of completing this application but must complete those sections not covered on resume and sign where indicated.)

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date Of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Present Address (including apartment # if applicable and street) City State		
Zip Code	How Long at this address	
Previous Address	City	State
Zip Code	How Long at this address	
Telephone Number(s)	Cell Phone number	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

In case of emergency please notify: _____

Name		Address	
City	State	Zip	Daytime Phone

Please answer the following questions as they pertain to the position you are applying for:

If you are under 18 years of age, you are required to provide proof of your Eligibility to work – Are you able to provide such proof? Yes No

Have you ever filed an application with us before? Yes No
If yes, give the date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally eligible for employment in the United States? Yes No
(Proof of citizenship and eligibility will be required)

On what date would you be available for work? _____

Are you seeking Full Time Part Time or Temporary work?

Are you available to work overtime? Yes No

Are you available to work Nights and Weekends? Yes No
Please indicate which shifts/times you are not available to work _____

If this position requires you to drive a company vehicle are you aware of any driving violations that would prohibit you from being insured? Yes No

Are you aware of any reason why our auto insurance may not insure you? Yes No
If yes, please explain _____

Are you currently taking any medication that would prevent you from operating a company vehicle or equipment if required to do so? Yes No

Are you aware of any condition that could impair your ability to operate a company vehicle or equipment if required to do so? Yes No

Are you aware of any condition that could impair your ability to perform the duties of this job position as described? Yes No
If yes, please explain _____

Are you currently on “lay-off” status and subject to recall? Yes No

Have you ever been bonded? Yes No

Can you travel if a job requires it? Yes No

ALL OFFICE BUILDINGS AND APARTMENTS UNITS ARE A SMOKE FREE ENVIRONMENT

PREVIOUS EMPLOYMENT

Start with your current or last job. Please include any volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Company Name		Telephone #		
Address		Dates of employment (month and year)		
Name of Supervisor		Pay Rate		
State Job Title and Describe Your Position		Reason for Leaving		
Company Name		Telephone #		
Address		Dates of employment (month and year)		
Name of Supervisor		Pay Rate		
State Job Title and Describe Your Position		Reason for Leaving		
Company Name		Telephone #		
Address		Dates of employment (month and year)		
Name of Supervisor		Pay Rate		
State Job Title and Describe Your Position		Reason for Leaving		
Education:	Elementary School	High School	Undergraduate College	Graduate Professional
Name of School				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Describe Course of Study				
Describe any specialized training				
Give name address and telephone number of three references				
1. _____				
2. _____				
3. _____				
Please indicate why you feel this position is right for you				

Have you worked for us in the past – if yes, please state when and what position _____				

Have you ever rented an apartment, office space, garage or storage locker from us – if yes, please state when and where _____				

Please list any special training, education or skills that you have acquired that would benefit you in this position:

Part of the hiring process includes testing for both alcohol and controlled substances and, in some cases, a physical examination. If you wish to complete the application process, you must participate in such testing and consent to such testing by signing this form.

Do you consent to testing on a specimen provided by you in order to determine your physical condition with regards to the presence of alcohol or controlled substances and recognize that the results of an analysis of such specimen will be used to determine suitability for employment?

YES NO

Specimens testing positive or diluted specimens will be unsuitable for employment. If you are employed your signature below indicates that you agree to random drug testing which is part of our company policy.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements and contact of all references contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or any applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I, also, understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Personnel Department Use Only		
Date of Interview	Date _____	Time _____
Remarks _____		
Date Employment begins _____		
Job Title _____	Wage _____	
By _____		