

**EMPLOYMENT REQUEST – POSITION TO BE FILLED**

**Property Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Position - Check One:**

Site Manager                       New Position  
 Maintenance Person               Vacancy  
 \_\_\_\_\_                               Replacement

**Date Needed:** \_\_\_\_\_

**Compensation Range:** \_\_\_\_\_

**Additional Compensation:**

Apartment:             Yes     No  
Allowance:             Yes     No    \_\_\_\_\_  
Applicant Hours to work: \_\_\_\_\_

**Will applicant be permitted other employment?**     Yes     No

Explain:

**Comments:**

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

**Supervisor:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approval – Home Office** \_\_\_\_\_ **Date** \_\_\_\_\_

**FLYNN MANAGEMENT CORPORATION**

**BACKGROUND QUESTIONNAIRE**

Project B Code 13  
 AN EQUAL OPPORTUNITY EMPLOYER  
 PLEASE PRINT CLEARLY

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Last Name, First Name, Middle Initial		Social Security Number
Other Names Used	Driver's License Number	State of Issue
Position Applied For	Home Phone: ( )	Work Phone: ( )

HOME/MAILING ADDRESSES FOR PAST 5 YEARS							
	STREET ADDRESS	CITY	STATE	ZIP	COUNTY	FROM MO/YR	TO MO/YR
1							
2							
3							
4							
5							

**5 YEAR EMPLOYMENT HISTORY**  
 Show all employments, beginning with last, or present employer. If self-employed, list at least 2 businesses and 2 credit references including account numbers and/or contact names, checking the appropriate boxes.

MAY YOUR CURRENT EMPLOYER(S) BE CONTACTED? YES  NO

(Show every employment – beginning with last, or current employer.)

Check One: Employer:  If Self-employed: Business Reference:  Credit Reference:

DATES

Mo. And Yr. NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 From: \_\_\_\_\_ JOB TITLE(S) \_\_\_\_\_  
 NAME OF SUPERVISOR OR CONTACT \_\_\_\_\_ DEPT. \_\_\_\_\_  
 To: \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

Check One: Employer:  If Self-employed: Business Reference:  Credit Reference:

DATES

Mo. And Yr. NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 From: \_\_\_\_\_ JOB TITLE(S) \_\_\_\_\_  
 NAME OF SUPERVISOR OR CONTACT \_\_\_\_\_ DEPT. \_\_\_\_\_  
 To: \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

Check One: Employer:  If Self-employed: Business Reference:  Credit Reference:

DATES

Mo. And Yr. NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 From: \_\_\_\_\_ JOB TITLE(S) \_\_\_\_\_  
 NAME OF SUPERVISOR OR CONTACT \_\_\_\_\_ DEPT. \_\_\_\_\_  
 To: \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

Check One:            Employer:             If Self-employed: Business Reference:             Credit Reference:

DATES

Mo. And Yr.            NAME: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_  
                                  ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 From: \_\_\_\_\_ JOB TITLE(S) \_\_\_\_\_  
                                  NAME OF SUPERVISOR OR CONTACT \_\_\_\_\_ DEPT. \_\_\_\_\_  
 To: \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

Check One:            Employer:             If Self-employed: Business Reference:             Credit Reference:

DATES

Mo. And Yr.            NAME: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_  
                                  ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 From: \_\_\_\_\_ JOB TITLE(S) \_\_\_\_\_  
                                  NAME OF SUPERVISOR OR CONTACT \_\_\_\_\_ DEPT. \_\_\_\_\_  
 To: \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

**EDUCATION**

INSTITUTION NAME AND ADDRESS	GPA	MAJOR	MINOR	TYPE DEGREE

**OTHER LICENSES OR CERTIFICATIONS**

TYPE OF LICENSE OR CERTIFICATION	LICENSE OR CERTIFICATION #	STATE OF ISSUE	EXPIRATION DATE

Have you been convicted of any crime within the past seven years? Yes \_\_\_\_\_ No \_\_\_\_\_

If so: County \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Charge: \_\_\_\_\_

Disposition: \_\_\_\_\_

Date of Birth is necessary to verify an applicant's criminal and driving history. The Federal Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age. Date of Birth \_\_\_\_\_

I authorize all corporations, credit agencies, state motor vehicle departments, financial institutions, educational institutions, persons, law enforcement agencies, present and former employers, and the military services to release all written and verbal information about me to FLYNN MANAGEMENT CORPORATION. I release these entities and FLYNN MANAGEMENT CORPORATION from any liability and responsibility for releasing, collecting and reporting information about me. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time to FLYNN MANAGEMENT CORPORATION for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I further understand that FLYNN MANAGEMENT CORPORATION reporting of information pursuant to the Fair Credit Reporting Act is not intended to authorize or condone a prospective employer's, franchiser's, landlord's, or appointer's request for and reliance upon information for purposes which are not legitimate under the Fair Credit Reporting Act or any Federal or State employment laws. This authorization, in original or copy form, shall be valid for this and any further report or updates that may be requested. FLYNN MANAGEMENT CORPORATION maintains an employment-at-will relationship with its employees, this means that both you and the company retain the right to terminate this employment relationship at any time and for any reason. FLYNN MANAGEMENT CORPORATION has a policy of disqualifying from consideration and or discharging all individuals who intentionally misrepresent or falsify information on their application.

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**RELEASE TO OBTAIN PRE-EMPLOYMENT INFORMATION**

\_\_\_\_\_  
Full Name (Printed)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

I have applied for a position with Flynn Management Corporation and I agree to hold harmless, Flynn Management Corporation, Property Owners and all providers of information on the prospective employee stated above. In the event that the information provided by me is found to be misleading or false, my acceptance for employment, whether determination is made before or after my date of employment, may be affected.

I do hereby authorize with my signature, the release of public records, criminal history, credit report, motor vehicle record, worker's compensation claims, employment verification, and any other information whether by fax, verbal, photo copy or original signature, to: Flynn Management Corporation and Property Owners now and in the future.

I hereby authorize, Flynn Management Corporation to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice agency.

\_\_\_\_\_  
Signature Date

I hereby authorize, Flynn Management Corporation to obtain a consumer credit report to verify credit information for employment purposes.

\_\_\_\_\_  
Signature Date

I hereby authorize, Flynn Management Corporation to obtain all information pertaining to my previous employment.

\_\_\_\_\_  
Signature Date