

Application For Employment

Wolfe & Associates, Property Services

173 Chapel Street, Santa Barbara, CA 93111

Phone: (805) 964-6770

We consider applicants for all positions without regard to race, religious creed, color, national origin, ancestry, physical or mental disability, genetic information, marital status, sex (including pregnancy), gender, gender identity, gender expression, age, sexual orientation, military and veteran status, or any other legally protected status.

(PLEASE PRINT) APPLICANT MUST COMPLETE FORM THEMSELF!

Position (s) Applied for

Date of Application

How Did You Learn About Us?

Advertisement

Employment Agency

Friend

Relative

Walk-in

Other _____

Last Name

First Name

Middle Name

Address

Number

Street

City

State

ZIP Code

Telephone Number(s)

Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes

No

Have you ever filed an application with us before?

Yes

No

If Yes, give date _____

Have you ever been employed with us before?

Yes

No

If Yes, give date _____

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

If offered employment, can you provide evidence of your identity and authority to work in the United States?

Yes

No

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes

No

Can you travel if a job requires it?

Yes

No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job, **even if you are attaching a resume**. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. ***Please explain any gaps in time between employment.**

Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number (s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number (s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number (s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number (s)			
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number (s)			
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

___ Microsoft Windows ___ MS Publisher Other (list): _____
___ MS Word ___ MS Outlook _____
___ MS Excel ___ Copy & Fax Machines _____

State any additional information you believe may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

We comply with the ADA and all comparable state law(s) and we are willing to discuss, consider and implement any reasonable accommodation(s) a qualified individual with a disability may need to perform the essential functions of his/her position."

YES NO

References

1.	()
(Name)	Phone #
(Address)	
2.	()
(Name)	Phone #
(Address)	
3.	()
(Name)	Phone #
(Address)	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. **I ALSO ACKNOWLEDGE I COMPLETED MY OWN APPLICATION!**

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

By signing this application for employment I authorize the prospective employer to do any type of background check on me, including but not limited to criminal, driving, credit, and reference checking. Employer may request drug screening and if requested, I agree to allow such testing to be done at the time of my pre-employment physical. I understand the Wolfe & Associates uses E-verify as a means to verify information given on I-9 forms.

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 not applications are being accepted at that time.

"I understand that, if offered employment with Wolfe & Associates, my employment will not be for any specified or guaranteed period of time, and accordingly will be an "at-will" employment relationship. This means that I will be free to resign at any time, with or without cause or advance notice, and Wolfe & Associates will similarly be entitled to end its employment relationship with me or modify my status at any time, with or without cause or advance notice. I acknowledge and agree that in applying for employment with Wolfe & Associates, I have not relied on, and will not rely on, any oral or written statement to the contrary. I understand and agree that no promises or representations contrary to the foregoing are binding on Wolfe & Associates unless set forth in a written instrument and signed by a duly authorized officer of the company."

X _____
SIGNATURE REQUIRED FOR EMPLOYMENT Date

Email _____

I, _____, hereby authorize Wolfe & Associates, Property Services to provide information about my employment with said Company to any prospective employer. All of my previous listed employers are authorized to release the following information:

Employee Initials:

_____ Dates of employment

_____ Job title

_____ Eligibility for rehire

_____ Other information as follows: _____

I acknowledge by my signature that my former employers are released from any and all claims, demands or liabilities arising out of or in any way related to the disclosure of the information above. By initialing the item(s) above, I acknowledge that I have authorized my former employers to release such information. I have read and reviewed the foregoing Release and I understand its contents.

CAUTION: THIS IS A RELEASE. READ BEFORE SIGNING.

Executed at _____, California, on ____/____/____
(city) (date)

Employee's Signature (REQUIRED FOR EMPLOYMENT)

Signature of Employer Representative

This Organization Participates in E-Verify

E-Verify[®]



SAMPLE ONLY!

This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at www.justice.gov/crt/osc.

E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

888-897-7781

www.dhs.gov/E-Verify

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.



E-VERIFY IS A SERVICE OF DHS AND SSA

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.