

# Application For Employment

## Wolfe & Associates, Property Services

173 Chapel Street, Santa Barbara, CA 93111

Phone: (805) 964-6770

[WWW.RLWA.COM](http://WWW.RLWA.COM)

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 THEMSELVES!**

Position (s) Applied for	Date of Application
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How Did You Learn About Us?	<input type="checkbox"/> Friend <input type="checkbox"/> Relative	<input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____
<input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency		

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	ZIP Code
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Telephone Number(s)	Social Security Number
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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 \_\_\_\_\_

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

Have you ever been convicted of a crime or pled nolo contendere to a crime?

Yes     No

*If yes, please give dates and details:*

\*CONVICTION OF A CRIME WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLOYMENT. THE FACTS OF EACH OFFENSE WILL BE CONSIDERED. You should **not list** information concerning any of the following: (i) referral to, and participation in, any pre-trial or post-trial diversion program; (ii) convictions that have been judicially dismissed, expunged, or ordered sealed pursuant to law, including, but not limited to, Sections 1203.4, 1203.4a, 1203.45, and 1210.1 of the Penal Code; (iii) any arrest, detention, processing, diversion, supervision, adjudication, or court disposition that occurred while you were subject to the process and jurisdiction of juvenile court law, nor any actual conviction or other adjudication by a juvenile court or any other court order or action taken with respect to you when you were under the process and jurisdiction of the juvenile court law; (iv) misdemeanor convictions for which probation has been completed and the case dismissed by the court; (v) convictions for violations of California Health and Safety Code §11357(b) or (c), 11360(c), 11364, 11365, or 11150 (which concern possession of less than an ounce of marijuana, transportation or sale of less than one ounce of marijuana, possession of a marijuana pipe or similar marijuana paraphernalia, being in a place where marijuana is smoked, or being under the influence of marijuana).

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**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**Education**

	<b>Name &amp; Address of School</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Diploma Degree</b>
<b>Elementary School</b>				
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

<b>Indicate any foreign languages you can speak, read, and/or write</b>			
	<b>FLUENT</b>	<b>GOOD</b>	<b>FAIR</b>
<b>SPEAK</b>			
<b>READ</b>			
<b>WRITE</b>			

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

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

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**Employment Experience**

Start with your present or last job, **even if 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)	Hourly Rates/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number (s)	Hourly Rates/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number (s)	Hourly Rates/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			
Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number (s)	Hourly Rates/Salary		
	Starting	Final	
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:

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## Additional Information

### Other Qualifications

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

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### Specialized Skills

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

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

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**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? A description of the activities involved in such a job or occupation is attached. 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)	



Print Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

Applicant Signature (REQUIRED FOR EMPLOYMENT)

\_\_\_\_\_ Date \_\_\_\_\_