

# MILLENNIA HOUSING MANAGEMENT, LTD.

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8111 ROCKSIDE ROAD, SUITE 200 • VALLEY VIEW, OHIO 44125 • PHONE (216) 520-1250 • FAX (216) 447-9646

## Application for Employment

Name: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Income Expected: \_\_\_\_\_

If required by position, would you be able to live on site?  Yes  No

We are an Equal Opportunity Employer. Each applicant for employment is considered solely on the basis of job qualifications, without regard to race, color, religion, sex, age, disability, national origin, or veteran status. 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 the person conducting the interview.

Our company is committed to maintaining a work place free of illegal drugs and alcohol. Therefore, in accordance with Company policies, if offered a position, each applicant will be required to submit to a drug test and, if hired the Company reserves the right to test employees for drugs and/or alcohol as a condition of employment. Testing positive for the presence of illegal drugs and/or abuse of legal drugs or refusal to submit to drug testing is reason for discharge.

Millennia Housing Management, Ltd. is committed to maintaining a work environment free of all forms of discrimination including sexual harassment. Discrimination, including harassment, on the basis of race, sex, age, religion, national origin or disability is prohibited.

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

\_\_\_\_\_  
Date

**APPLICATION FOR EMPLOYMENT**

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE ZIP	HOME TELEPHONE NO.

Have you ever applied to Millennia Housing Management, Ltd. before?  Yes  No

Are you able, at the time of employment, to submit verification of your legal right to work in the United States?  Yes  No

Were you a member of the Armed Forces?  Yes  No Branch \_\_\_\_\_ Rank \_\_\_\_\_

Type of employment desired  Full Time  Part Time  Temporary  Seasonal  Educational Co-op

If hired, do you have reliable means of transportation to work?  Yes  No Specify: \_\_\_\_\_

Regular attendance is required of this position. If hired, are you able to report to work as scheduled everyday?  Yes  No

Have you ever pled “guilty” to or “no contest” to, or been convicted of a crime other than a minor traffic violation? (Including Misdemeanors)  Yes  No. If yes, describe in full; include Court, Date, and Nature of Crime \_\_\_\_\_

Are you subject to any required registration for “sex crimes”?  Yes  No.

Note: Answering “yes” does not automatically make you ineligible for employment. Relevant factors including, for example, age at the time of the offense, rehabilitation and position applied for will be considered.

How did you hear about the position? \_\_\_\_\_

**EDUCATION**

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS TRADE SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRAD SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	

**PREVIOUS EMPLOYMENT**

Please give accurate, complete Full-Time and Part-Time employment record. Start with your present or most recent employer. Do not reference a resume.

<u>PRESENT OR MOST RECENT COMPANY NAME</u>	TELEPHONE NUMBER
ADDRESS                      CITY                      STATE	EMPLOYED(STATE MONTH/YEAR)
NAME OF SUPERVISOR:	FROM:                      TO:
STATE JOB TITLE AND DESCRIBE YOUR WORK:	STARTING PAY:
	CURRENT OR LAST PAY:
	REASON FOR LEAVING:
<u>COMPANY NAME</u>	TELEPHONE NUMBER
ADDRESS                      CITY                      STATE	EMPLOYED(STATE MONTH/YEAR)
NAME OF SUPERVISOR:	FROM:                      TO:
STATE JOB TITLE AND DESCRIBE YOUR WORK:	STARTING PAY:
	CURRENT OR LAST PAY:
	REASON FOR LEAVING:
<u>COMPANY NAME</u>	TELEPHONE NUMBER
ADDRESS                      CITY                      STATE	EMPLOYED(STATE MONTH/YEAR)
NAME OF SUPERVISOR:	FROM:                      TO:
STATE JOB TITLE AND DESCRIBE YOUR WORK:	STARTING PAY:
	CURRENT OR LAST PAY:
	REASON FOR LEAVING:

We may contact the employers listed above unless you indicate those you do not want us to contact.

**DO NOT CONTACT:** \_\_\_\_\_

Reason: \_\_\_\_\_

Have you ever been dismissed, discharged or asked to resign from a position?  Yes  No

**SPECIAL QUALIFICATIONS FOR MAINTENANCE APPLICANTS**

SKILL	LIST EXPERIENCE	SKILL LEVEL		
		STRONG	AVERAGE	SOME
PLUMBING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEATING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARPENTRY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPLIANCES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SPECIAL QUALIFICATIONS FOR OFFICE APPLICANTS**

SKILL	LIST EXPERIENCE	SKILL LEVEL		
		STRONG	AVERAGE	SOME
TYPING SPEED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORD PROCESSING SPEED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHORTHAND <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPEED WRITING <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOOKKEEPING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summarize any licenses, certificates, training, skills or qualifications that may assist you in being able to perform job-related functions in the position for which you are applying:

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**BUSINESS OR PROFESSIONAL REFERENCES**

<u>NAME</u>	TITLE
ORGANIZATION	PROFESSIONAL RELATIONSHIP
ADDRESS	BUSINESS TELEPHONE
CITY AND STATE	HOME TELEPHONE
<u>NAME</u>	TITLE
ORGANIZATION	PROFESSIONAL RELATIONSHIP
ADDRESS	BUSINESS TELEPHONE
CITY AND STATE	HOME TELEPHONE
<u>NAME</u>	TITLE
ORGANIZATION	PROFESSIONAL RELATIONSHIP
ADDRESS	BUSINESS TELEPHONE
CITY AND STATE	HOME TELEPHONE

## CERTIFICATION

This will not be accepted as an application for employment unless signed below. By signing this application I certify that I have read the statements below and agree to the terms and conditions contained therein.

"I Certify that information contained in this application is true, complete and accurate in all respects, and I understand that falsification, significant omissions, or materially incorrect information in this application is grounds for disqualification from further consideration or for immediate dismissal from employment regardless of when the discovery is made and regardless of my work performance.

I Understand that the employer may conduct a background investigation of me and I agree that the employer may do so with the understanding that if I am permitted to begin work before the background investigation is complete, my continued employment is conditional upon the completion of the background investigation to the the employer's satisfaction. I authorize and direct any and all persons with knowledge or information concerning me or my background, including (but not limited to) former employers, consumer credit reporting agencies, information service bureaus and law enforcement agencies to provide all such information to the employer. Further, I hereby authorize my former employer(s) and any other individual or organization to provide information solicited by Millennia Housing Management, Ltd. and I hereby release Millennia Housing Management, Ltd. and all persons contacted by Millennia Housing Management, Ltd. from any liability of any kind for releasing such information.

I understand and agree that, if I am hired, my employment will be for no definite period of time and I am free to resign at anytime, with or without cause and with or without prior notice and that the employer reserves the same right to terminate my employment at any time, with or without cause or with or without prior notice, except as may be required by law. This application is not an agreement or contract for employment for any specific period or definite duration or particular position. I understand that no supervisor or representative of the employer is authorized to make any oral assurances to the contrary and that no implied, or written agreement otherwise is valid unless in writing or signed by the employer's president.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form and photo identification.

I acknowledge that, if employed, I will have access to and gain knowledge of the employer's trade secrets and confidential information and that such trade secrets and information are valuable, special and unique assets of the employer to which the employer has the right to retain a proprietary interest. I agree that I will maintain the confidentiality of all trade secrets and propriety information of the employer and will not at any time during my employment or following the conclusion of my employment disclose such trade secrets and confidential information to any person, firm or company for any reason or purpose whatsoever and I agree that I shall not use the employer's trade secrets, propriety and confidential information for my own benefit or use. I understand that there is no time limit on this obligation and that it continues into the future with no ending date."

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

**AUTHORITY TO RELEASE INFORMATION**

We appreciate your interest in employment with Millennia Housing Management, Ltd. As part of our normal procedure for processing applications, a routine inquiry into your background may be made. This inquiry typically concerns information on an applicant's character, general reputation, personal characteristics and mode of living. Further information on the nature and scope of such an inquiry, if one is made, is available to you upon written request.

Please read the following statement and indicate your agreement by signing below:

I hereby authorize Millennia Housing Management, Ltd. or other authorized representatives of Millennia Housing Management, Ltd. bearing this release, or copy thereof, within one year of its date to obtain any information in your files pertaining to my employment, military, credit, law enforcement, medical or educational records including, but not limited to, academic achievement, attendance, personal history, and disciplinary records. I hereby direct you to release such information upon request of the bearer. This release is executed with the full knowledge and understanding that the information will be used in connection with the consideration of my employment by Millennia Housing Management, Ltd. I hereby release you, as the custodian of such records, and any school, college, university or other education institution, hospital, or other repository of medical records, credit bureau, law enforcement agency, lending institution, consumer reporting agency, or retail business establishment including its 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 release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

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

Full Name: (Signature) \_\_\_\_\_

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

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

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

Driver's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

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2211

## **DISCLOSURE**

**(Millennia Housing Management, Ltd. Copy)**

In compliance with the Fair Credit Reporting Act

### **Notice That Consumer Report May Be Obtained**

RE: Application for Employment

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

The Fair Credit Reporting Act requires that we advise you that in response to your application for employment with Millennia Housing Management, Ltd., and to allow for an appropriate background investigation, Millennia Housing Management, Ltd. may obtain a consumer report for the purpose of evaluating your application for employment. A consumer report is a communication of information by a consumer reporting agency bearing one or more of the following: creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics and/or mode of living.

I hereby acknowledge receipt in writing of the notice set forth above.

\_\_\_\_\_  
Date

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

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Date

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Applicant's Signature