

FAIRVILLE MANAGEMENT COMPANY, LLC,  
726 YORKLYN ROAD, SUITE 200, HOCLESSIN, DE 19707  
OFFICE: (302) 489-2000 FAX: (302) 235-7390  
[www.fairvillemanagement.com](http://www.fairvillemanagement.com)

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

*Please Print Clearly*

**APPLICATION FOR EMPLOYMENT**

*Please Answer All Questions, Resumes Are Not A Substitute For A Completed Application.*

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY MAY TERMINATE THE EMPLOYMENT RELATION AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For \_\_\_\_\_ Desired salary/hourly Rate \_\_\_\_\_

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate or Cellular Number \_\_\_\_\_

Present Address \_\_\_\_\_

*Street, Apt. or Unit/City/State/Zip*

How long have you lived here \_\_\_\_\_ / \_\_\_\_\_

*Years/Months*

Previous Address \_\_\_\_\_

*Street, Apt. or Unit/City/State/Zip*

How long have you lived here \_\_\_\_\_ / \_\_\_\_\_

*Years/Months*

If under the age of 18, can you produce the necessary work certificate at the time of employment?  Yes  No

Type of Employment desired?  Full-time  Part-time (Specify Hours) \_\_\_\_\_

Are you willing to work overtime?  Yes  No Date which you can start if hired \_\_\_\_\_

Have you previously applied for employment with this company?  Yes  No

If yes, when and where did you apply? \_\_\_\_\_

Have you ever worked for this company?  Yes  No

If yes, provide dates of employment, location, and reason for separation from employment.

Best time to contact you at home is \_\_\_\_\_ AM/PM Are you currently employed?  Yes  No

May we contact you current employer?  Yes  No

Do any of your friends or relatives, other than spouse work here?  Yes  No

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

Can you travel if the job requires it?  Yes  No

Have you plead guilty or no contest to, or been convicted of any criminal offense?  Yes  No

Have you ever been arrested for any matters for which you are currently are out on bail on your own recognizance pending trial?  Yes  No

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, please provide date(s) and explain. \_\_\_\_\_  
\_\_\_\_\_

***Criminal convictions or arrests will automatically disqualify an applicant from a particular job. The Company considers the nature of the crime, its seriousness, the substantial relations to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.***

Have you ever initiated an act of violence in the workplace?  Yes  No  
If yes, please provide the date(s) and explain \_\_\_\_\_  
\_\_\_\_\_

List all special technical skills that you feel qualify you for the job for which you are applying (For example, computer programming/language, software, equipment operation, special tools, machines, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Education	School Name and Location (Address, City, State)	Course of Study	Graduate?	# Years Completed	Degree/Major
High School					
College					
Bus/Tech/Trade Or Post College					

Honors Received \_\_\_\_\_

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm you work and educational record. For example, change of name, use of an assumed name, nickname, etc.  
\_\_\_\_\_

**WORK EXPERIENCE**

Please list the names of your present and/or previous employers in chronological order with present listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see resume"

Employer

\_\_\_\_\_  
 Name Address Type of Business  
 Telephone ( ) Date Employed From: / / To: / /  
 Job Title Duties  
 Supervisor's Name May we contact?  Yes  No If No, why? \_\_\_\_\_  
 Wages Start Final Reason for Leaving \_\_\_\_\_  
 What will the employer say the reason your employment terminated? \_\_\_\_\_  
 How much notice did you give if resigning? If none, explain. \_\_\_\_\_

Employer

\_\_\_\_\_  
 Name Address Type of Business  
 Telephone ( ) Date Employed From: / / To: / /  
 Job Title Duties  
 Supervisor's Name May we contact?  Yes  No If No, why? \_\_\_\_\_  
 Wages Start Final Reason for Leaving \_\_\_\_\_  
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 Wages Start Final Reason for Leaving \_\_\_\_\_  
 What will the employer say the reason your employment terminated? \_\_\_\_\_  
 How much notice did you give if resigning? If none, explain. \_\_\_\_\_

Please explain any gaps in your employment history in excess of one month.

\_\_\_\_\_

Have you ever been terminated or asked to resign from any job?  Yes  No If Yes, how many times? \_\_\_\_\_

Has your employment ever been terminated by mutual agreement?  Yes  No If Yes, how many times? \_\_\_\_\_

Have you ever been given the choice to resign rather than be terminated?  Yes  No If Yes, how many times? \_\_\_\_\_

If you answered Yes to any of the above questions, please explain the circumstances of each occasion.

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

**REFERENCES**

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELASTIONSHIP (i.e. supervisor, coworker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who you know well that we may contact.

NAME	POSITION	COMPANY	TELEPHONE	NUMBER OF YEARS KNOWN

**APPLICANT CERIFICATION**

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent upon possessing a valid driver’s license for the state in which I reside and automobile insurance in an account equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace and/or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of drugs and/ or alcohol is a condition of continued employment and I agree to undergo alcohol and drug testing consistent with the Company’s policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent of permitted federal, state and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restricted covenant, and/or conflict of interest statement, as well as agreement to arbitrate.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or emission of any information may result in disqualification from consideration for employment, or, if employed, disciplinary action, up to and including immediate dismissal.

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY MAY TERMINATE THE EMPLOYMENT RELATION AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OPR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHTS TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO ANY AGREEMENT-**

**EXPRESS OR IMPLIED-WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIC PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN DOCUMENT SIGNED BY THE PRESIDENT OF THE COMPANY.**

**IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.**

I authorize the company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations or organizations furnishing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I understand this Company only employs individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test (the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant and the applicant's legal guardian.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR FAMILIAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100. I have read and understand the above statement.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Core Logic SafeRent Employment Release Form

The information on this page is to be completed by the prospective employee for the purposes of obtaining employment.

(PLEASE PRINT CLEARLY)

_____ Applicant Name - First, Middle, Last		_____ Social Security Number
_____ Current Address - City, State, Zipcode		
_____ Previous Address - City, State, Zipcode		_____ Birth Date - MM/DD/YYYY
_____ Work Phone Number	_____ Extension	_____ Home Phone Number

I Hereby grant the above prospective employer, and its designee, First Advantage SafeRent, a credit reporting agency, the right to process this criminal and credit application for the purpose of obtaining employment. In compliance with the FAIR CREDIT REPORTING ACT, this notice is to inform you that the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application shall remain the property of Fairville Management Company regardless if employment is granted.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

7300 Westmore Road, Suite 3, Rockville, MD 20850-5223 \* Phone (888) 333-2413