

FAIRVILLE MANAGEMENT CO LLC, 726 YORKLYN ROAD, SUITE 200, HOCKESSIN DE 19707
OFFICE: 302-489-2000 • FAX: 302-235-7390 • 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 race, religion, sex, national origin, age, disability, 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 RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For _____ Name _____

Telephone Number _____ Alternate or Cellular Telephone Number _____

Present Address _____ How long have you lived there _____ / _____
Street, Apt. or Unit No./City/State/Zip Years Months

Previous Address _____ How long did you live there _____ / _____
Street, Apt. or Unit No./City/State/Zip Years Months

Desired Salary/Hourly Rate _____

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 on which you can start work if hired _____

Have you previously applied for employment with this Company? Yes ☐ No ☐

If yes, when and where did you apply? _____

Have you ever been employed by 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 your present 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 ever 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 currently are out on bail or on your own recognizance pending trial?

Yes ☐

No ☐

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the above two questions, please provide the 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 relation 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 or machines, etc.)

Education	School Name and Location (Address, City, State)	Course of Study	Graduate?	# of 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 your 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 or last employer 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.

Employer

Name _____ Address _____ Type of Business _____
Telephone (____) _____ Dates Employed From ____/____/____ To ____/____/____
Job Title _____ Duties _____
Supervisor's Name _____ May we contact? ☐ Yes ☐ No If No, why not? _____
Wages Start _____ Final _____ Reason for Leaving _____
What will this employer say was the reason your employment terminated? _____
How much notice did you give when resigning? If none, explain. _____

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How much notice did you give when resigning? If none, explain. _____

Please explain fully all 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 three 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 RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE

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

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

APPLICANT CERTIFICATION

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 on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount 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 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 all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or 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 alcohol and/or drug tests is a condition of continual 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 permitted by 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 to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my résumé, 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 omission 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 OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I 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 résumé 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 also understand this Company employs only 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 _____

Witness _____

Date _____

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 SIMILAR 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 ____/____/____

UNDER MASSACHUSETTS LAW, IT IS UNLAWFUL FOR AN EMPLOYER TO REQUIRE OR TO ADMINISTER A LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT.

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE APPLICABLE FOR ALL INDUSTRIES.

First Advantage 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)



AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

Dears Sir/Madam,

_____ (Print Applicant Name) has applied for a position with our company. It is our policy to check references prior to extending an offer of employment. As such, this is an authorization from the applicant to release any information you may be able to provide regarding their employment at your company.

Thank you for your cooperation. Please contact me if you have any questions @ 302.489.2000 or johnm@fairvillemanagement.com.

Respectfully,

John Marinangeli
Asset Manager

I authorize release of any information concerning my employment with your company and release you from all liability in connection with doing so.

Applicant's signature

Date

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www.fairvillemanagement.com

