

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

DATE _____

PERSONAL INFORMATION

NAME				SOCIAL SECURITY NUMBER	
LAST	FIRST	MIDDLE			
PRESENT ADDRESS					
STREET		CITY	STATE	ZIP	
PERMANENT ADDRESS					
STREET		CITY	STATE	ZIP	
ARE YOU 18 YEARS OR OLDER?		<input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NO.	APARTMENT NO.	
IN CASE OF EMERGENCY NOTIFY					
NAME		ADDRESS	PHONE NO.		
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No.					

LAST

FIRST

MIDDLE

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY		
<input type="checkbox"/> STATE EMPLOYMENT OFFICE	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER ADVERTISEMENT
<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> WALKED IN	<input type="checkbox"/> OTHER
<input type="checkbox"/> FRIEND		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	*NO. OF YEARS ATTENDED?	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

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FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER

STARTING DATE MONTH YEAR LEAVING DATE MONTH YEAR

WEEKLY STARTING SALARY WEEKLY FINAL SALARY

JOB TITLE MAY WE CONTACT SUPERVISOR?

NAME AND TITLE OF SUPERVISOR PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				

SERVICE RECORD

BRANCH OF SERVICE

DISCHARGE DATE
RANK

PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES

DATE
OBLIGATION ENDS

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED
 A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Height _____ feet _____ inches Are you a U.S. citizen? _____ Yes _____ No

Weight _____ Date of Birth* _____

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? Yes No

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

WERE YOU EVER SERIOUSLY INJURED? Yes No GIVE DETAILS

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? READ WRITE

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? Yes No DESCRIBE

I understand and agree that I may be required to take one or more: physical examination; lie detector, test(s) as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). _____ Yes _____ No.

I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. _____ Yes _____ No.

*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

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DATE

SIGNATURE

INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

INTERVIEWED BY

DATE

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	

HIRED

FOR DEPT.

POSITION

SALARY
WAGES

WILL REPORT

APPROVED: 1.

EMPLOYMENT MANAGER

DATE

APPROVED: 2.

DEPARTMENT MANAGER

DATE

APPROVED: 3.

GENERAL MANAGER

DATE

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INQUIRY. TOPS Form No. 3287 Employee's Record File contains a section for this purpose, while also serving as a means for up date recording of employment status changes and to hold all employment forms.

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

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TRA-DOR, INC.
 712 Milam Street, Suite 201
 Shreveport, LA 71101

Resident Screening Request Form

Property name: _____ Contact: _____
 Property ph #: _____ Fax #: _____

APPLICANT INFORMATION:

Full Name: _____ Date of birth: _____ S.S.N: _____
First middle last
 Current Address: _____ DL # and State of Issue: _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Monthly Income: _____ Rent Amount: _____ Apt. #: _____

CO-APPLICANT INFORMATION :

Full Name: _____ Date of Birth: _____ S.S.N: _____
 Current Address: _____ DL # and State of Issue: _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Monthly Income: _____ Rent Amount: _____ Apt. #: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES/PARISHES AND STATES OF RESIDENCE FOR THE PAST SEVEN (7) YEARS. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCY.

CITY/TOWN	PARISH/COUNTY	STATE	DATE RESIDED FROM	DATE RESIDED TO:

The following are my responses to questions about my criminal record history (if any) with descriptions to any questions with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? YES or NO If YES, please provide an explanation: _____

2. Have you ever been arrested for, but not charged with, any federal, state, or municipal criminal offense? YES or NO If YES, please provide an explanation: _____

3. Have you ever received probation or community service/supervision for any federal, state, or municipal criminal offense? YES or NO If YES, please provide and explanation: _____

4. Have you ever been arrested for molesting or abusing a minor? YES or NO If YES, please explain: _____

5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES or NO If YES, please explain: _____

6. As of the date of this authorization, do you have any pending criminal charges against you? YES or NO If YES, please provide an explanation: _____

I do hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information provided proves to be false or incomplete, that grounds for the canceling of any and offers of occupancy will exist and may used at the discretion of this apartment complex.

I hereby authorize Tra-Dor, Inc. and or Trak-1 Technology to request and receive any and all background information about or concerning me, including but limited to my Criminal History, Credit History including a consumer report under the FAIR CREDIT REPORTING ACT, 15 U.S.C. 1681, Driving History, Employment History, Military Background, Civil Listings, Educational Background, and Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, Outstanding Hot Checks, and other entities, including my Present and Past Employers.

I further release and discharge Tra-Dor, Inc. and their agent, TRAK-1 Technology and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information of records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make a written request within a reasonable period of time to TRAK-1, INC., for additional information concerning the nature and scope of investigation. I acknowledge that I have voluntarily provided the above information for employment and residential purposes, and I have carefully read and understand this authorization.

PRINT: _____ PRINT: _____
Applicant Co-applicant

SIGNED: _____ SIGNED: _____

DATE: _____ DATE: _____

Additional request: _____

"This Institution is an Equal Opportunity Provider"
Professionally Managed by
Tra-Dor



Equal Housing Opportunity

FORM #100-A
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