

# *E*XCEL PROPERTY MANAGEMENT, INC.

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*Excellence In Property Management*

Thank you for your interest in a position with Excel Property Management. Please return the completed application, along with your resume (where applicable) to:

EXCEL PROPERTY MANAGEMENT, INC.  
1004 Bullard Ct. Suite 106 Raleigh,  
North Carolina 27615

*EQUAL HOUSING OPPORTUNITY*

*1004 Bullard Ct. Suite 106, Raleigh, NC 27615 – (919) 878-0522 FAX: (919) 878-9962*

# APPLICATION FOR EMPLOYMENT

POSITION(S) APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 LAST FIRST MIDDLE  
 STREET CITY STATE ZIP

TELEPHONE ( ) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

If you are under the age of 18, can you furnish a work permit? YES \_\_\_ NO \_\_\_

Have you ever been employed here before? YES \_\_\_ NO \_\_\_ If yes, when? \_\_\_\_\_

Are you related to a current or former employee of EPM? YES \_\_\_ NO \_\_\_ If yes, name of employee \_\_\_\_\_

Do you have a non-compete agreement with a former employer? YES \_\_\_ NO \_\_\_ If yes, name of employer \_\_\_\_\_

Are you legally eligible for employment in this country? YES \_\_\_ NO \_\_\_

(Completion of I-9 form for employment eligibility verification required upon employment)

The following conditions may be required at some point in a job assignment. If required, would you be willing to work:

A – Shift Work? YES \_\_\_ NO \_\_\_ B – Rotational Work Schedule? YES \_\_\_ NO \_\_\_

C – Work Schedule Other Than Monday – Friday? YES \_\_\_ NO \_\_\_ D – Overtime? YES \_\_\_ NO \_\_\_

How were you referred to us? \_\_\_\_\_

Date available for work \_\_\_\_\_

Type of employment desired: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Temporary \_\_\_ Seasonal \_\_\_ Educational co-op

Have you ever been convicted of a felony? \_\_\_ Yes \_\_\_ No

(such conviction may be relevant if job related but does not ban you from employment)

If yes, please explain \_\_\_\_\_

Driver's license number (if required by job) \_\_\_\_\_ State \_\_\_\_\_

**EMPLOYMENT HISTORY** – List your last three (3) employers, assignments, or volunteer activities, starting with the most recent.

**Please include any military experience.**

FROM:	TO:	EMPLOYER:	TELEPHONE: ( )
JOB TITLE:		ADDRESS:	
IMMEDIATE SUPERVISOR NAME AND TITLE:		Summarize the nature of work performed and job responsibilities:	
REASON FOR LEAVING:			
FROM:	TO:	EMPLOYER:	TELEPHONE: ( )
JOB TITLE:		ADDRESS:	
IMMEDIATE SUPERVISOR NAME AND TITLE:		Summarize the nature of work performed and job responsibilities:	
REASON FOR LEAVING:			

FROM:	TO:	EMPLOYER:	TELEPHONE: ( )		
JOB TITLE:		ADDRESS:			
IMMEDIATE SUPERVISOR NAME AND TITLE:		Summarize the nature of work performed and job responsibilities:			
REASON FOR LEAVING:					
<b>UNEMPLOYMENT RECORD:</b> Account for all periods of unemployment and extended illness/disability of four (4) weeks duration or more for the last five years, or since you left school.					
<b>From</b>		<b>To</b>		<b>Reason For Unemployment</b>	
MO	YR	MO	YR		
MO	YR	MO	YR		

**SKILLS AND QUALIFICATIONS:** Summarize any special skills and qualifications acquired from employment or other experience that you feel may qualify you for work with Excel Property Management, Inc.

EDUCATIONAL BACKGROUND				
NAME AND LOCATION		YEARS COMPLETED	DID YOU GRADUATE?	COURSE(S) OF STUDY
HIGH SCHOOL				
COLLEGE			Major Degree	
OTHER				
REFERENCES				
NAME	RELATION	TELEPHONE		YEARS KNOWN
		Area Code		
		( )		
		( )		
		( )		

It is understood and agreed that any misrepresentations by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I understand that all new employees are subject to a 90 day introductory period, and that this status may be extended for an indeterminate period at the Employer's sole discretion.

It is further understood that the Employer reserves the right to conduct illegal drug and/or substance abuse screening in an effort to investigate material losses or injuries that have occurred in the workplace.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its' representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

It is our policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees, including upgrading, promotion and training; and to administer these activities in a manner which will not discriminate any person because of race, color, religion, age, sex, national origin, physical or mental handicap.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_