



APPLICATION FOR EMPLOYMENT

EACH SECTION AND QUESTION MUST BE FULLY AND ACCURATELY ANSWERED.
NO ACTION WILL BE TAKEN ON AN INCOMPLETE APPLICATION.

DATE	POSITION APPLYING FOR	DRIVER'S LICENSE NUMBER	STATE
LOCATION (Property Name or Company department)			
NAME (ONE APPLICATION PER PERSON)			
SOCIAL SECURITY NUMBER	HOME PHONE	WORK PHONE	
CURRENT ADDRESS			
CITY	STATE	ZIP	HOW LONG

LIST STATES AND COUNTIES OF RESIDENCE FOR THE PAST SEVEN YEARS			
HAVE YOU EVER WORKED FOR GUARDIAN BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO WHEN?			
HAVE YOU APPLIED WITH GUARDIAN WITHIN THE PAST YEAR? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN?			
HAVE YOU EVER USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN THOSE ON THIS APPLICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE LIST: _____			
I AM INTERESTED IN	FULL TIME	PART-TIME WORK	I CAN BEGIN WORK ON (DATE)
DO YOU INTEND TO LIVE ON SITE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, COMPLETE BACKGROUND RECORD CHECK AUTHORIZATION FORM			
ARE YOU LAWFULLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT STATE AND COUNTY?			
EXPLAIN FULLY*			
* A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. EACH CONVICTION WILL BE JUDGED ON ITS OWN MERIT WITH RESPECT TO TIME, CIRCUMSTANCES, SERIOUSNESS AND THE POSITION FOR WHICH YOU APPLY.			
ARE YOU CAPABLE OF PERFORMING, WITH OR WITHOUT REASONABLE ACCOMMODATION, THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EQUAL OPPORTUNITY: Guardian Management LLC is an equal opportunity employer and does not discriminate in employment because of race, color, creed, religion, sex, age, national origin, marital status, sexual orientation, non-job related physical or mental disabilities, Veteran status, or any other status protected by federal, state, or local law.

NOTICE TO ALL APPLICANTS: Guardian Management LLC is committed to providing an equal opportunity to all individuals who are seeking employment. The objective of the company's hiring procedures is to select the most qualified individual for the job. All applicants are encouraged to provide the company with information that will demonstrate the applicant's qualifications to perform the duties of the job for which the applicant is applying.

INVITATION TO REQUEST REASONABLE ACCOMMODATION FOR APPLICANT WITH A DISABILITY: An applicant with a disability who needs reasonable accommodation in any step of the hiring process to assist him or her to demonstrate his or her qualifications to perform the essential functions of the job for which the applicant is applying should inform Human Resources.

EMPLOYMENT HISTORY LIST ALL EMPLOYMENT OF PAST 5 YEARS, STARTING WITH PRESENT OR MOST RECENT EMPLOYER. ALSO INCLUDE RELEVANT VOLUNTARY AND/OR PART TIME WORK EXPERIENCE. USE ADDITIONAL SHEETS IF NECESSARY.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

CURRENT OR LAST EMPLOYER (NAME OF FIRM OR AGENCY)				MAILING ADDRESS			
JOB TITLE		SUPERVISOR'S NAME/TITLE			PHONE NUMBER		
STARTING SALARY/WAGE	ENDING SALARY/WAGE	FULL-TIME	PART-TIME	HRS PER WEEK	DATES EMPLOYED		
					FROM	TO	
REASON FOR LEAVING:							
DUTIES:							

EMPLOYER (NAME OF FIRM OR AGENCY)				MAILING ADDRESS			
JOB TITLE		SUPERVISOR'S NAME/TITLE			PHONE NUMBER		
STARTING SALARY/WAGE	ENDING SALARY/WAGE	FULL-TIME	PART-TIME	HRS PER WEEK	DATES EMPLOYED		
					FROM	TO	
REASON FOR LEAVING:							
DUTIES:							

EMPLOYER (NAME OF FIRM OR AGENCY)				MAILING ADDRESS			
JOB TITLE		SUPERVISOR'S NAME/TITLE			PHONE NUMBER		
STARTING SALARY/WAGE	ENDING SALARY/WAGE	FULL-TIME	PART-TIME	HRS PER WEEK	DATES EMPLOYED		
					FROM	TO	
REASON FOR LEAVING:							
DUTIES:							

EMPLOYER (NAME OF FIRM OR AGENCY)				MAILING ADDRESS			
JOB TITLE		SUPERVISOR'S NAME/TITLE			PHONE NUMBER		
STARTING SALARY/WAGE	ENDING SALARY/WAGE	FULL-TIME	PART-TIME	HRS PER WEEK	DATES EMPLOYED		
					FROM	TO	
REASON FOR LEAVING:							
DUTIES:							

REFERENCES
LIST 3 PROFESSIONAL REFERENCES WHOM WE MAY CONTACT:

NAME	ADDRESS	PHONE	TYPE OF BUSINESS

EUDCATION/TRAINING

PLEASE LIST ALL WORK RELATED EDUCATION, AND TRAINING YOU FEEL RELATE TO THE POSITION(S) APPLIED FOR THAT WOULD HELP YOU PERFORM THE WORK, SUCH AS SCHOOLS, COLLEGES, DEGREES, VOCATIONAL OR TECHNICAL PROGRAMS, HOBBIES, ETC.

NAME OF INSTITUTION	CITY/STATE	DEGREES	DESCRIBE

FINANCES

WHAT COMPENSATION DO YOU REQUIRE (APARTMENT AND SALARY COMBINED)?

SKILLS

DESCRIBE ANY SPECIAL SKILLS QUALIFYING YOU FOR THE POSITION

REFERRAL

WERE YOU REFERRED TO GUARDIAN BY ONE OF THE FOLLOWING?

- | | |
|--|---|
| <input type="checkbox"/> JOBDANGO | <input type="checkbox"/> STATE EMPLOYMENT DEPT. |
| <input type="checkbox"/> NEWSPAPER _____ (NAME OF NEWSPAPER) | <input type="checkbox"/> EMPLOYEE REFERRAL _____ (NAME) |
| <input type="checkbox"/> CRAIGSLIST | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> WEBSITE _____ (NAME OF WEBSITE) | |

PRE-EMPLOYMENT SCREENING: In compliance with state, federal and fair credit reporting laws, this is to inform you that an investigation involving the statements made on this pre-employment application is being initiated.

As a routine part of the employment process we will have a report prepared on the information you have provided on this application. This report will include but is not limited to the following: current and previous employment, current and previous rental or ownership information, criminal and civil records check, education verified, motor vehicle record check, drug screening and credit report profile.

CONSENT FOR DRUG TESTING: You hereby consent to a urinalysis test and/or other drug screening to determine the presence of drugs or their metabolites in your system. You also consent to the release of these tests and other relevant medical information to Guardian Management LLC. You hereby release and agree to hold Guardian Management LLC, the collection facility, the testing laboratory and their employees and agents harmless from any liability to you based on the testing procedure or the reporting of the test results.

WITH THIS UNDERSTANDING: I hereby certify that the statements are true and complete to the best of my knowledge. I further understand that any false statements made by me in this application, or any supplement hereto, may be grounds for immediate discharge or rejection from consideration for further employment, regardless of how or when discovered.

I hereby authorize any and all of my former employers and any other person, firm or corporation to furnish any and all information concerning my credit worthiness and personal background and I hereby release each such employer or other persons, firm or corporations from any and all liability by reason of requesting or furnishing this information.

I understand that in connection with this application, a consumer report and/or investigative consumer report shall be requested, whereby information is obtained through personal interviews with my neighbors, friends or associates or with others with whom I am acquainted or who may have knowledge with respect to the procurement of any such report. I understand I have the right to know the name and address of the consumer reporting agency that furnished the report, and in the case of an investigative consumer report have the right to receive a complete and accurate disclosure of the nature and scope of the information requested if I request such disclosure within a reasonable period of time. I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I further understand that all employment with the Company is 'at-will' and may be terminated by me or the Company at any time or for any reason.

SIGNATURE _____ DATE _____

Please feel free to supplement this application with additional sheets, if necessary. This application becomes void after 90 days unless renewed by you.