

AVITUS GROUP

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

Company Name: _____ **Location** _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE CONDITIONS:		
DO YOU POSSESS A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU WILLING TO WORK AT VARIOUS LOCATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHAT DAYS OR HOURS ARE YOU NOT AVAILABLE FOR WORK? ARE YOU AVAILABLE TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?

EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, CORRESPONDENCE SCHOOL			

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

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

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 and employers 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 the company from all liability for any damage that may result from utilization of such information.

I understand and agree that any offer for employment will not be for any specified period of time, unless it is in writing and signed by an authorized company representative.

SIGNATURE _____ DATE _____

F-03

Avitus Group

Upon hire send this completed application along with the completed information packet to Avitus Group for processing.

COMPLETE THIS SECTION IF YOU ARE APPLYING FOR AN OFFICE POSTION.

OFFICE SKILLS: Please indicate skills in which you have been trained with a "T" and skills you have had experience using with an "E". Put an asterisk (*) by any in which you feel you are especially proficient. Note type of equipment used and briefly describe any experience. (The skills noted below are not necessarily required for all positions)

SKILL CHECK LIST	COMMENTS
_____ Typing (WPM) _____	
_____ Copying _____	
_____ Dictaphone _____	
_____ Shorthand (WPM) _____	
_____ Telephone _____	
_____ Calculator _____	
_____ Filing _____	
_____ Postage Meter _____	
_____ Receptionist _____	
_____ Office Supply Ordering _____	
_____ Forms Typing _____	
_____ Statistical Typing _____	
_____ Word Processing _____	
_____ Computer _____	
_____ Bookkeeping _____	
_____ Accounts Receivable _____	
_____ Accounts Payable _____	
_____ Payroll _____	
_____ Sales _____	
_____ Advertising _____	
_____ Marketing _____	

PLEASE INDICATE OTHER SKILLS, INTERESTS THAT WOULD COMPLIMENT THE POSITION:

COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A MAINTENANCE POSITION.

MAINTENANCE SKILLS: Please indicate skills in which you have been trained with a "T" and skills you have had experience using with an "E". Put an asterisk (*) by any in which you feel you are especially proficient. (The skills noted below are not necessarily required for all positions)

SKILL CHECK LIST	COMMENTS
_____ Replace/adjust Sprinkler Heads _____	
_____ Trimming/Pruning/Feeding/Fertilizing _____	
_____ Other Landscaping _____	
_____ Glass Cutting and Installation _____	
_____ Patch Screens _____	
_____ Rescreen in old frames _____	
_____ Other Window Work _____	
_____ Maintain & Install Water Heater _____	
_____ Oil Circulating Pump _____	
_____ Install Circulating Pump _____	
_____ Flush Water Heater _____	
_____ Sweat Copper Lines _____	
_____ Replace Thermocouple _____	
_____ Other Water Heater Circulating Pumps _____	
_____ Install Oven Element and/or Stove Element _____	
_____ Partial Stove Rewire _____	
_____ Other Appliance Repair _____	
_____ Lay Tile Sheet Goods and/or Vinyl _____	
_____ Patch Refrigerator _____	
_____ Install Oven Thermostat and/or Oven Timer _____	
_____ Unstick Disposal _____	
_____ Disassemble/Reassemble Disposal and/or rewired disposal _____	
_____ Replace Disposal Gasket and/or Install Disposal _____	
_____ Remove Dishwasher Impeller _____	
_____ Install Dishwasher Timer and/or Pump _____	
_____ Partial or complete Subfloor Replacement _____	

NORTHWEST REAL ESTATE CAPITAL CORPORATION

FAIR HOUSING CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

NWRECC, when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (FCRA), which applies to you. As an applicant for employment or employee of Northwest Real Estate Capital Corp, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that, for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing “consumer reports” to others.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes.

If NWRECC obtains a “consumer report” about you, and if NWRECC considers any information in the “consumer report” when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the “consumer report” before the decision is finalized. You may also may contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies.”

By signing below, I hereby voluntarily authorize NWRECC to obtain “consumer reports” about me from a “consumer reporting agency” and to consider the “consumer reports” when making decisions regarding my employment at NWRECC. I understand that I have rights under the FCRA, including the rights discussed above.

(Name of Applicant/Employee)

(Signature of Applicant/ Employee) (Date)

(Hiring Manager/HR Signature) (Date)

NORTHWEST REAL ESTATE CAPITAL CORPORATION

CONSENT TO DRUG/ALCOHOL TESTING

The primary purpose of drug and/or alcohol testing is to help establish and maintain a drug- and alcohol-free work environment. In addition, Northwest Real Estate Capital Corporation wants to ensure that public safety and personal safety of employees is not endangered because of drug and/or alcohol use by employees. To do this, we have adopted a substance circumstances.

By my signature below, I acknowledge that I have received and have read the Company's substance abuse policy. I agree to abide by the terms and conditions of this policy as they now exist or may be amended in the future. I agree and consent to provide a urine sample and/or breath sample to the applicable reference laboratory that has been designated to collect laboratory specimens for the Company. I agree and consent to have such samples tested for the presence of legal and illegal drugs, and other substances. I authorize the release of test results for use in evaluating me for new or continued employment, and release any and all liability and claims incident to such sample collection, testing and use of results. The results are for the sole use of the Company and are confidential. Furthermore, I acknowledge that my continued employment is contingent upon my compliance with this policy.

(Applicant or Employee Name-Please Print)

(Applicant or Employee Signature) (Date)