



## APPLICATION FOR EMPLOYMENT

Position Applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Location Applying for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Hours per Week Available \_\_\_\_\_

It is the policy of Domus Management Company to provide employment, training, compensation, promotion and other conditions of employment without discrimination on the basis of race, religion, color, national origin, ancestry, martial status, military status, gender, physical or mental disability, sexual orientation or age.

**GENERAL INFORMATION**

Last Name	First Name	Middle Initial
Address	City	State Zip
Cell Phone (    )	Work or Other Phone (    )	E-mail Address

**PERSONAL INFORMATION**

1. Have you ever filed an application with Domus Management Co. before? If yes, when?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you under 18 years of age? (If yes, a work permit will be required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been employed with Domus Management Co. before? If yes, when and which location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Can you provide proof of eligibility to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you able to get to and from work in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Can you travel if the job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are there other positions that you are qualified for: Please List:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Best time to contact you and where:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you have a Drivers License? State Drivers License #	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. What is your means of transportation to and from work?	
11. Do you have current automobile insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever been in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are you now a member of the National Guard? If yes, date entered Date Discharged Specialty	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Please list two (2) references other than relatives or previous employers:	
Name _____	Name _____
Profession _____	Profession _____
Phone # _____	Phone # _____
Years known _____	Years known _____
15. Bi-lingual <input type="checkbox"/> Yes <input type="checkbox"/> No Language	

**WORK EXPERIENCE**

Start with your present or last job. Include any job related military service assignments and volunteer activities.

Employer	Dates Employed		Duties and Responsibilities
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			

<input type="checkbox"/> Yes	Reason for Leaving:
May We Contact <input type="checkbox"/> No	

Employer	Dates Employed		Duties and Responsibilities
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			

<input type="checkbox"/> Yes	Reason for Leaving:
May We Contact <input type="checkbox"/> No	

Employer	Dates Employed		Duties and Responsibilities
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate/Salary		
Job Title	Starting	Final	
Supervisor			

<input type="checkbox"/> Yes	Reason for Leaving:
May We Contact <input type="checkbox"/> No	

**Comments: Please explain of any gaps in employment history**


**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED	GRADE SCHOOL								HIGH SCHOOL				COLLEGE				GRAD. SCHOOL			
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
NAME												LOCATION				COURSE - DEGREE				
High School																				
Community College																				
College / University																				
Nursing, Technical or Vocational School																				
Other Training or Skills																				
What computer software programs are you proficient at? (Word, Excel, PowerPoint etc.)																				

PROFESSIONAL LICENSES AND / OR CERTIFICATIONS			
Are you currently <input type="checkbox"/> Licensed <input type="checkbox"/> Certified			
<b>IF LICENSED, REGISTERED OR CERTIFIED</b>	Type	State Issued	Date License
	Type	State Issued	Date License
	Is your license currently under investigation?		<input type="checkbox"/> Yes <input type="checkbox"/> No

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIL ACTIVITIES AND OFFICES HELD

BACKGROUND
Have you ever initiated an act of violence in the workplace? _____
Have you ever been discharged from employment? _____
A "yes" answer will not necessarily disqualify you . Please explain any "yes" answer so that individual circumstances can be considered. Use additional paper if necessary.
NOTICE: New employees are required to produce verification of their legal right to work in the United States. If you are offered employment, you will be required to produce sufficient documentation of your identity and right to work in the United States and to attest under penalty of perjury that the documents you have produced are genuine and related to you.

HOW DID YOU HEAR ABOUT DOMUS MANAGEMENT COMPANY	
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Domus Referral
<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Domus Website
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Craigslist
<input type="checkbox"/> Other:	

Did you complete this application yourself?  Yes  No

The position you are applying for meets the exemption from AB22 which prohibits an employer from obtaining and using a credit report for pre-employment review. A credit and background review are conducted prior to any offer of employment as the position you are applying for has access to confidential information.

Your signature below gives Domus Management Company explicit permission to conduct credit and criminal background investigations as permitted by law. Any adverse information received as a result of this investigation may be requested from the reporting agency at [www.experian.com/reportaccess](http://www.experian.com/reportaccess) or 1-866-200-6020 under the Fair Credit Report Act (FCRA).

I certify to the best of my knowledge that the information completed above is true and correct

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date