



CARUSO  
AFFILIATED

**EMPLOYMENT APPLICATION**

You must fill out this form completely to be considered for employment. If you cannot respond to an item, explain your reason for not responding. Caruso Management Company Ltd. is an equal opportunity employer dedicated to non-discrimination in employment.

**PERSONAL INFORMATION:**

<b>NAME (Last, First MI):</b>	
<b>PRESENT ADDRESS:</b>	
<b>CITY, STATE ZIP:</b>	<b>PHONE:</b>
<b>POSITION APPLYING FOR:</b>	<b>EMAIL:</b>

**EMPLOYMENT INFORMATION:**

<b>If hired, can you provide documentation of your legal right to work in the U.S.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If you are under 18 and it is required, can you furnish a work permit?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If hired, will you have reliable means of transportation to and from work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Type of employment desired:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
<b>Have you ever been employed by Caruso Management Company Ltd. before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes", state the property and dates:</b>	<b>Do you have friends or relatives that work for Caruso Management Company Ltd.?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If "Yes", state name(s) and relationship:</b>
<b>How did you hear about the position?</b>	<b>Are you able to meet the attendance requirements of this position?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you able, with or without accommodation, to perform the essential tasks of the job for which you are applying?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, describe the functions that cannot be performed:</b>	<b>Have you ever served in the U.S. armed forces?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Which Branch?</b> _____ <b>From:</b> _____ <b>To:</b> _____

(Please note: We comply with ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

**EDUCATIONAL BACKGROUND:**

NAME AND LOCATION	DEGREE OR TOPIC OF STUDY	DID YOU GRADUATE?	YEARS COMPLETED
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE, BUSINESS, CORRESPONDENCE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**BACKGROUND:**

Except as described below, have you ever plead "guilty" or "no contest" or been convicted by any court of a criminal offense which was a felony or misdemeanor?  
YES NO

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

**Do not answer "Yes" or describe the criminal offense if the offense involved:**

- a. A traffic violation constituting an infraction;
- b. A marijuana-related conviction more than two years old if the conviction is currently classified as a misdemeanor, but was classified prior to 1976 as a felony;
- c. A conviction that has been sealed, expunged or legally eradicated;
- d. An offense which was finally settled or dismissed in juvenile court or referred to the youth authority;
- e. A misdemeanor conviction for which probation was completed and the case was dismissed;
- f. Any offense which did not result in conviction because of referral to and participation in a pre-trial or post-trial diversion program.

(A conviction will not necessarily disqualify you from consideration for employment. The Company, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.)

**EMPLOYMENT HISTORY: Please list below all present and past employment, starting with your most recent (or current) employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.**

From	To	Employer	Telephone
Reason for leaving		Address	
Supervisor		Starting Job Title/Final Job Title	
May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Pay Rate/Salary Starting: _____ Final: _____	

From	To	Employer	Telephone
Reason for leaving		Address	
Supervisor		Starting Job Title/Final Job Title	
May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Pay Rate/Salary Starting: _____ Final: _____	

From	To	Employer	Telephone
Reason for leaving		Address	
Supervisor		Starting Job Title/Final Job Title	
May we contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Pay Rate/Salary Starting: _____ Final: _____	

**REFERENCES: Please list below three persons not related to you who have knowledge of your work performance.**

NAME	COMPANY & TITLE	YEARS KNOWN	PHONE NUMBER OR EMAIL

**APPLICANT STATEMENT: Please read carefully, initial each paragraph and sign below.**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that an omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further authorize the reference(s) I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations for any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Caruso Management Company Ltd. In addition, I understand and agree that if I am employed, my employment is for no definite period or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

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**Applicant Signature**

**Date**