

# EMPLOYMENT AND CONTRACTOR APPLICATION

**CHICAGO  
APARTMENT  
FINDERS**

**CHICAGO APARTMENT FINDERS  
AN EQUAL OPPORTUNITY EMPLOYER**

1114 W. Bryn Mawr  
Chicago, IL 60660  
Phone: 773.883.8800

## APPLICANT INFORMATION

Last Name:		First Name:		Middle Initial:	Date:
Street Address:					Apartment/Unit #:
City:			State:		Zip:
Phone:			Email:		
Date Available:		Social Security #:			Desired Salary:
How did you hear about us?:					
Have you ever been convicted, or plead guilty to a misdemeanor or felony? <input type="checkbox"/> YES <input type="checkbox"/> NO					<small>You are not required to provide on any expunged or sealed record</small>
Are you authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you ever worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when?					

If yes, please explain:

## REAL ESTATE EXPERIENCE

Do you have a real estate license or certification? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please denote the following in the space below	
State / Issuing Authority:		Type:	Expiration:

## EDUCATION

	Name and Address of School	Check years completed	Did you graduate?	Subjects studied and degrees received
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> 3 <input type="checkbox"/> 4		
College		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> 3 <input type="checkbox"/> 4		
Other		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> 3 <input type="checkbox"/> 4		
Other		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Y <input type="checkbox"/> N	
		<input type="checkbox"/> 3 <input type="checkbox"/> 4		

## REFERENCES

Please list two professional references not related to you	
Full Name:	Relationship:
Company:	Phone Number:
Full Name:	Relationship:
Company:	Phone Number:

## AVAILABILITY

Please provide your work availability							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Specify hours available for each day of the week:							
Provide dates / times you're unavailable:							

**PREVIOUS EMPLOYMENT**

Company:		Phone:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Supervisor:			
From:	To:	Reason for leaving:	
Responsibilities:			
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Company:		Phone:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Supervisor:			
From:	To:	Reason for leaving:	
Responsibilities:			
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**SPECIAL SKILLS**


**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand that this document does not in any way constitute a contract of employment between either party; the understood relationship between both parties is that of an at-will relationship where either party may terminate the relationship at any time.

**NOTICE AND AUTHORIZATION OF USE OF CONSUMER REPORTS**

AS CONDITION OF EMPLOYMENT OR AN INDEPENDENT CONTRACTOR RELATIONSHIP WITH APARTMENT FINDERS, INC. D/B/A CHICAGO APARTMENT FINDERS, A CONSUMER REPORT AND/OR AN INVESTIGATIVE CONSUMER REPORT MAY BE OBTAINED FOR COMPANY PURPOSES WHEN EVALUATING YOUR ELIGIBILITY FOR AN INDEPENDENT CONTRACTOR RELATIONSHIP WITH APARTMENT FINDERS, INC. I HEREBY AUTHORIZE APARTMENT FINDERS, INC. TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT ON MYSELF FOR THE PURPOSE OF EVALUATING MY ELIGIBILITY FOR AN INDEPENDENT CONTRACTOR RELATIONSHIP WITH APARTMENT FINDERS, INC. AND/OR RETENTION WITH APARTMENT FINDERS, INC. I UNDERSTAND THAT SUCH REPORTS MAY INCLUDE INFORMATION BEARING UPON MY CREDIT WORTHINESS, CREDIT STANDING, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND/OR MODE OF LIVING. I FURTHER ACKNOWLEDGE THAT SUCH INFORMATION MAY BE OBTAINED THROUGH PERSONAL INTERVIEWS WITH ANY PERSON WHO HAS KNOWLEDGE OF SUCH INFORMATION. I UNDERSTAND THAT I HAVE THE RIGHT TO REQUEST THE COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF ANY INVESTIGATIVE CONSUMER REPORT, PERFORMED, AND HEREBY ACKNOWLEDGE RECEIPT OF THE FEDERAL TRADE COMMISSION'S SUMMARY OF CONSUMER RIGHTS ENCLOSED HEREIN. I AUTHORIZE AND REQUEST EVERY PERSON, FIRM, COMPANY, CORPORATION, GOVERNMENTAL AGENCY, COURT, COLLEGE, UNIVERSITY, SCHOOL DISTRICT OR OTHER EDUCATIONAL INSTITUTION, LAW ENFORCEMENT OFFICE, AND ANY OTHER ENTITY HAVING CONTROL OR POSSESSION OF ANY INFORMATION PERTAINING TO ME OR MY BACKGROUND TO FURNISH SAME TO ANY REQUESTING PARTY COMPILING INFORMATION FOR THE PURPOSE INDICATED HEREIN.

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**For Official Use Only**

Action: <input type="checkbox"/> Eligible <input type="checkbox"/> Keep on file	Position:	Base Office:
Pay: <input type="checkbox"/> Compensation: \$ _____ <input type="checkbox"/> Commission: % _____	Start Date:	Department:
Manager Signature:		Date:

