

Belmont Management Company, Inc.

An Equal Opportunity Employer



Confidential Application for Employment

Date _____

Name _____ Social Security # _____
Last First Middle Initial

Present Address _____
Street City State Zip Code

Phone _____ Alternate # where you may be contacted _____

E-mail Address _____

Position(s) and Facility Applied for: _____

How Did You Hear About this Position? _____

Have you ever been employed with Belmont before? No Yes, When and Where? _____

Expected Salary or Wage? _____

What type of employment do you want? Full Time Part Time (Hours Available) _____
 Temporary (How long) _____

If employed, can and will you work overtime? Yes No Weekends? Yes No

Are you willing to travel? Yes No Do you have auto insurance? Yes No

Are you legally eligible for employment in this country? Yes No Are you at least 18 years of age? Yes No

Do you have your own transportation? Yes No Driver's License # _____ State _____

Do you have a current Driver's License that has not been suspended or revoked? Yes No

Have you ever been convicted of driving while intoxicated or driving under the influence? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes to either of the convicted questions, please explain (What, when & where) _____

Please Note: A criminal or DWI conviction is not an absolute bar to employment. Each situation will be considered as it concerns the job for which you are applying.

Employment History - Provide your employers over the last ten (10) years starting with the last employer first

Date Mo. - Yr.	Name & Address of Employer	Last Salary or Wage	Job Title	Reason for Leaving	Immediate Supervisor & Their Title
① From:					
To:	Phone:				
② From:					
To:	Phone:				
③ From:					
To:	Phone:				
④ From:					
To:	Phone:				

Continue with Employment History on the Next Page

If additional space is needed, please attach another sheet of paper with all of the same information on your other employers.

Date Mo. - Yr.	Name & Address of Employer	Salary/Wage when leaving	Job Title	Reason for Leaving	Immediate Supervisor & Their Title
⑤ From:					
To:	Phone:				
⑥ From:					
To:	Phone:				
⑦ From:					
To:	Phone:				

List any skills, licenses, training or certificates not previously mentioned (i.e. Real Estate License, CPM, COS, STAR, Tax Credit or software experience) _____

Educational Background if job related

Name and Location of School	Years Completed	Did You Graduate?	Diploma / Degree
High School or GED			
College			
Other			

As an applicant for employment with Belmont Management Company, Inc. and/or any of its affiliates, I understand the following:

◆ I HEREBY STATE THAT ALL FACTS GIVEN ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND ANY MISREPRESENTATION OR OMISSION ON MY PART IS CAUSE FOR REJECTION OR TERMINATION.

- ◆ The application forms and materials are the property of Belmont Management Company, Inc.
- ◆ If I am hired, I am free to resign at any time, with or without cause and without prior notice, and Belmont Management Company, Inc. (and its affiliates) reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of Belmont Management Company, Inc. or its affiliates are authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the President of Belmont Management Company, Inc.

- ◆ This application will remain active for thirty (30) days. At the conclusion of that time, if I have not heard from Belmont or their affiliates, it will be necessary to reapply and complete a new application.
- ◆ I may be required to complete and execute a Fidelity Bond Application as a condition of employment.
- ◆ By signing this application, I authorize all previous employers, acquaintances, or others to furnish Belmont Management Company, Inc. to the extent permitted by Federal or State law, my reasons for leaving, my records, and all other information they may have concerning me. I release them and their company from all liability that may arise from such disclosures. I authorize Belmont to make investigations and verify all of my background.
- ◆ I certify that all information I have provided in order to apply for work with Belmont or its affiliates is true, correct and complete.

I certify that I have read, fully understand and accept all of the terms of the above declaration.

Signature

Print Name

Date

DISCLOSURE FOR CONSUMER AND/OR INVESTIGATIVE EMPLOYMENT REPORT

_____, its affiliated companies, and/or its agents (collectively, herein after referred to as “ Company”) may obtain information about you from a consumer reporting agency for purposes permitted under the Fair Credit Reporting Act 15 U.S.C.1681 *et seq.*, including employment purposes, a business transaction initiated by you, or upon your written instructions. A “consumer report” and/or an “investigative consumer report” may be requested which may include information regarding your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information relating to your criminal history, credit history, motor vehicle records such as driving records, drug and alcohol (accident results) for DOT requirements, social security verification, verification of education or employment history or other background checks. This may involve personal interviews with sources such as neighbors, friends or associates.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to ACUTRAQ Background Screening Inc, PO Box 766, Elkins, Arkansas 72727. For information about ACUTRAQ’s privacy practices see www.ACUTRAQ.com.

AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I have carefully read, and understand this Authorization form. I further acknowledge receipt of the "Disclosure Regarding Consumer and/or Investigative Consumer Report" and "State Law Notices" and certify that I have read and understand both documents. I understand that Company may obtain a consumer report and/or investigative consumer report for employment purposes, in connection with a business transaction initiated by you, or otherwise upon your written instructions. These reports may be obtained at any time after receipt of my authorization, and if I am hired or engaged to transact business with the Company, throughout my employment or relationship with the Company. I understand that the Company reserves the right to share the information contained in the report(s) with any third-party companies for whom I will be placed to work or with whom I will have a relationship or will have access to the premises.

I understand and authorize information which is contained in my employment application, or otherwise disclosed by me, may be used for the purpose of obtaining consumer reports and/or investigative background reports at any time during my relationship with the Company. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, drug laboratories, consumer reporting agencies, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by ACUTRAQ.

A credit report may be obtained in connection with your application for employment. If a credit report has been ordered, you may have additional rights under the Federal and State laws. If Company orders a credit report it will be for the following reason:

California Applicants Only: I acknowledge receipt of a copy of California Civil Code 1786.22. Pursuant to Section 1786.22 of the California Civil Code, you may view the file maintained on you by ACUTRAQ during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at ACUTRAQ's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. ACUTRAQ has trained personnel available to explain your file to you, including any coded information. By signing below, you acknowledge receipt of California Civil Code 1786.22,

New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

California, Minnesota or Oklahoma applicants only:

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

I wish to receive a free copy of the report.

I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF AND I AUTHORIZE ACUTRAQ TO OBTAIN CONSUMER REPORT(S) AND/OR INVESTIGATIVE CONSUMER REPORT(S) ON ME.

I acknowledge that the Company has provided me with a copy of *A Summary of Your Rights Under the Fair Credit Reporting Act.*

Signature: _____ Date: _____

Please Print: Date of Birth*: _____

Name: _____
First Middle Last

Social Security Number: __ - ____ - ____ Gender* (check one): Male Female

Driver's License # _____ Issuing State __

Daytime Phone Number _____

Other Names Used (alias, maiden, nickname): _____

Current Address: _____
Street Number and Name City State Zip Dates

*** Note: Date of Birth and Gender information are required for identification purposes only, and are in no manner used as qualifying for a relationship with the Company.**

STATE LAW NOTICES

California, Oklahoma and Minnesota: You have the right to receive a copy of your background/investigative report by checking the box on the Authorization to Obtain Consumer and/or Investigative Consumer Report.

Massachusetts and New Jersey: If Company request an investigative background report, you have the right, upon written request, to a copy of the report.

New York Applicants Only: You have the right to request whether the Company requested an investigative consumer report and, if so, the Company will give you the name and address of the report's provider if other than ACUTRAQ. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by directly contacting ACUTRAQ (or another organization identified by the Company as the provider of an investigative consumer report).

Washington State: If Company requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from Company a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from ACUTRAQ a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

CREDIT REPORTS:

California, Colorado, Connecticut, Hawaii, Illinois, Maryland, Nevada, Oregon, Vermont, and Washington State: The listed states restrict the circumstances in which Company may obtain credit information about you. Company will not obtain credit information about you unless such information is substantially related to the duties and responsibilities of the position for which you are applying or for any other reason otherwise permitted under applicable law.