

**SCOTT MANAGEMENT, INC. (SMI)**  
**PRE-EMPLOYMENT APPLICATION & QUESTIONNAIRE**

Effective for 15 days from date of submittal  
PLEASE PRINT AND FILL OUT ALL SECTIONS

Corporate

\_\_\_\_\_  
("The Apartment Community")

Date: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

OTHER NAMES USED (if any): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
Street City State Zip Code Date Moved There

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please list previous addresses for past 7 years (attach additional pages if necessary):

1. \_\_\_\_\_  
Street City State Zip Code Dates From - To

2. \_\_\_\_\_  
Street City State Zip Code Dates From - To

3. \_\_\_\_\_  
Street City State Zip Code Dates From - To

4. \_\_\_\_\_  
Street City State Zip Code Dates From - To

Are you 18 years or older: YES \_\_\_ NO \_\_\_

If under 18 years, do you have a work permit? YES \_\_\_ NO \_\_\_ (Please provide copy)

Are you legally eligible for employment in the United States? YES \_\_\_ NO \_\_\_

What position are you applying for? \_\_\_\_\_

Why are you interested in this position? \_\_\_\_\_

What is the earliest date you can start? \_\_\_\_\_ Salary Desired? \_\_\_\_\_

Have you ever applied or worked for SMI, or an Apartment Community managed by SMI, before? YES \_\_\_ NO \_\_\_

If yes, where? \_\_\_\_\_

When? \_\_\_\_\_

**EDUCATION:** What is the highest grade you have completed?

(Circle One) 1 2 3 4 5 6 7 8 9 10 11 12 College

Name and Location of School	Number of Years Attended	Did You Graduate?	Subjects Studied
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Including Vocational, Trade, Specialized Training, Business, or Correspondence School)

**EMPLOYMENT EXPERIENCE**

Please list each job held, starting with your present or most recent job; including military service assignments and volunteer activities.

Attach additional pages if necessary.

1. EMPLOYER \_\_\_\_\_ DATES: From \_\_\_\_\_ To: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ HOURLY RATE/SALARY: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

2. EMPLOYER \_\_\_\_\_ DATES: From \_\_\_\_\_ To: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ HOURLY RATE/SALARY: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

3. EMPLOYER \_\_\_\_\_ DATES: From \_\_\_\_\_ To: \_\_\_\_\_

STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ HOURLY RATE/SALARY: \_\_\_\_\_ POSITION HELD: \_\_\_\_\_

DUTIES PERFORMED: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

PRESENT MEMBERSHIP IN: NATIONAL GUARD/MILITARY RESERVES

Branch \_\_\_\_\_ Rank \_\_\_\_\_

REFERENCES:

Please provide the names of at least three persons not related to you, whom you have known at least one year.

Professional	Personal
Name _____	Name _____
Address _____ _____	Address _____ _____
Business _____	Business _____
Phone _____	Phone _____
Years Acquainted _____	Years Acquainted _____

Professional	Personal
Name _____	Name _____
Address _____ _____	Address _____ _____
Business _____	Business _____
Phone _____	Phone _____
Years Acquainted _____	Years Acquainted _____

**GENERAL:**

**Applicants for positions in VIRGINIA:**

Have you ever been convicted of a crime (other than traffic convictions)? A criminal conviction will not automatically disqualify an applicant. Nature of the crime, the date of the conviction, the job being applied for, and other factors will be considered. YES\_\_\_NO\_\_\_If yes, please give the complete facts showing date, place, reason and disposition in "Remarks Section".

**All Applicants:**

Do you currently have any relatives or friends employed with SMI. or any property under our management? YES\_\_\_NO\_\_\_ If yes, please provide name(s) in the "Remarks Section" below. SMI Anti-nepotism policy: SMI maintains an anti-nepotism policy with regard to employment of relatives within the same department, at the same "small property" which is defined as a property employing 12 persons or less, or when one relative would be in a supervisory capacity over the other relative. "Relative" is defined as: spouse, child, parent, grandparent, spouse of a parent or grandparent, sibling, spouse of a sibling, uncle, aunt, niece, nephew, cousin; and parent, grandparent, child, or sibling of your spouse.

I understand that the position for which I am applying is one of trust and, therefore, authorize full investigation of all statements contained in and relating to this application and, further agree, if necessary, to execute any documents required in the investigation of the facts contained in my application. I also authorize SMI to contact any of the references listed herein or others, and I authorize those persons to release any information requested by SMI. I understand that SMI/The Apartment Community have an illegal substance alcohol abuse policy and will perform criminal background checks.

It is also understood that the position for which I am applying is not guaranteed for any particular length of time and that either SMI/ The Apartment Community or I remain free to terminate the relationship at any time with or without cause and with or without notice. I further understand that no supervisor or other representative of SMI/The Apartment Community has the authority to alter this relationship. \_\_\_\_\_(please initial)

If employed by SMI/ The Apartment Community or any other property for which SMI acts as agent, I agree to abide by and conform to all policies and rules. I understand as an employee and representative of SMI / The Apartment Community or any property for which SMI acts as agent that I will be dealing with and coming into contact with the clients of SMI / The Apartment Community and, therefore, agree and understand that cleanliness and proper grooming are prerequisites of employment and agree to abide by SMI standards.

I acknowledge that all information provided in this application and given by me during any interviews is truthful and that falsification or omission is grounds for disqualifying my application or, if hired, grounds for termination. I understand that this application will remain effective for a period of fifteen (15) days from the date submitted. Thereafter, I must reapply if I wish to continue to be considered for employment.

Scott Management, Inc. and The Apartment Community are equal opportunity employers and provide equal employment opportunities to qualified individuals regardless of race, color, religion, sex, national origin, physical or mental disability, veteran status, and all other classes protected by applicable federal, state and local laws. Scott Management, Inc. and The Apartment Community are smoke-free work environments.

**PERSONS APPLYING FOR WORK IN MARYLAND:  
UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Do you have any questions about anything in this pre-employment application?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS SECTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SCOTT MANAGEMENT, INC.

## Notice of Alcohol & Controlled Substance Policy

Scott Management, Inc. (SMI) maintains a Substance Abuse Policy wherein all individuals, who accept employment with SMI, are required to submit to a urine test at a specified independent lab within a specific time frame.

I understand that if I am offered a position and accept same, I will be expected to consent to submit to a test to determine or rule out the presence of controlled substances or alcohol in my system.

I hereby agree to have the test results reported to the SMI human resources coordinator and understand that if the results are confirmed as positive the job offer may immediately be withdrawn, or, if employment has already commenced, I may be immediately discharged.

I understand that the taking of certain prescribed or over the counter medications can cause positive test results and that, if I wish to have any medications I am taking, or have recently taken, considered when my test results are reviewed, I will need to be prepared to provide this information at the time of accepting the offer of employment or after my test is completed.

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Applicant Signature

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Date



## EMPLOYMENT APPLICANT DISCLOSURE AND RELEASE FORM

As part of the application process in connection with hiring purposes of Scott Management, Inc. (SMI), I understand that they and/or their agents may conduct an investigation of my personal information. The investigation might include, but is not limited to, names and dates of previous/current addresses and/or employment, database search, criminal history records (local, state or national), moving violations reports, information held by federal or other agencies, bankruptcy records, credit history, character, general reputation, and personal characteristics. The investigation might also include personal interviews with any person who has knowledge of such information.

I understand the above referenced records and information may be used to establish the eligibility of my application for employment.

I authorize without reservation the full release of these records/information to SMI, SARMA and/or their agents for purposes of my application for employment, and, if hired, throughout the duration of my employment.

I certify that all information provided on my application for employment and/or during any interviews, is correct. Any false statements provided and/or omissions will be considered grounds for disqualifying my application or, if hired, just cause for termination.

I release and discharge SMI, SARMA and/or all of their agents and associates, and those providing these records and information to SMI, SARMA and/or their agents and associates, from all claims, expenses, losses, damages, liabilities, or any other charges or complaints arising out of, or relating to, the release of records/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 "Summary of Rights under the Fair Credit Reporting Act" enclosed herein.

SARMA will upon request, supply a copy of the credit report. SARMA can be reached at 1-800-955-5238.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT: LAST, FIRST, Middle Initial



EMPLOYMENT APPLICANT AUTHORIZATION FORM
Criminal / Credit / Employment Verification / Motor Vehicle Records

I, \_\_\_\_\_, hereby authorize, without any reservation, SARMA and/or their agents, to obtain a credit/criminal/motor vehicle report (REPORTS) in connection with my application for employment at Scott Management, Inc. (SMI). I also authorize SMI, SARMA, and/or their agents to verify my employment history (VOE).

I understand that REPORTS and the information therein shall be used in compliance with the Fair Credit Reporting Act or appropriate regulations. I also understand that I have the right to obtain a copy of my own REPORTS and can dispute any information.

PLEASE PRINT CLEARLY:

Applicant (Last Name) (First Name) (Middle Initial)

Applicant (Former Name / Other Name Used)

Applicant Current Address, City, State and ZIP

Applicant SSN

Applicant Date of Birth

Applicant Driver's License Number and State of Issue

Applicant Signature and Date

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.



- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 <sup>th</sup> Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357