



**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:**

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

## SCOTT MANAGEMENT, INC.

As part of my application for employment with Scott Management, Inc., I hereby request and authorize my present and prior employers, police agencies, educational institutions, and other record holders, excluding consumer reporting agencies, to release to Scott Management any files, records or other information pertaining to my prior employment, military record, driving record, or educational attendance, disciplinary actions, character, work habits, performance, experience and reasons for termination of past employment.

I hereby fully release and discharge Scott Management, Inc. and those providing this information to Scott Management, Inc. and their respective employees, from all claims and damages arising out of or relating to, the release of this information.

I acknowledge that a telephonic facsimile or photographic copy of this form shall be as valid as the original.

FULL NAME: \_\_\_\_\_  
(Print)

FULL NAME: \_\_\_\_\_  
(Signature)

CURRENT ADDRESS: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City, State, ZIP)

DRIVER'S LICENSE State and Number: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PROPERTY APPLYING TO: \_\_\_\_\_