



**SilverCrest Properties, LLC**  
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 Phone (952) 922-9540  
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# Application for Employment

Last Name	First	Middle Initial	Today's Date	
Present Street Address		City	State	Zip Code
Telephone Number: Home ( ) ( )		Other ( ) ( )	Social Security No. _____-_____-_____	

Age (if under 18) \_\_\_\_ Do you have a legal right to work in the United States? \_\_Yes \_\_No Resident Alien (Proof of right to work and identity will be required if selected for hire)

## General Information

If accepted for this job, when can you start? \_\_\_\_/\_\_\_\_/\_\_\_\_

**What position are you applying for?** \_\_ Marketing Department \_\_ Leasing Agent  
 \_\_ Management \_\_ Office & Clerical \_\_ Maintenance \_\_ Housekeeping or Janitorial  
 \_\_ Food Services \_\_ Other \_\_\_\_\_

What category do you prefer? \_\_ Full-time \_\_ Part-time

What other positions could you fill? \_\_\_\_\_

For what schedules are you available? \_\_ Weekdays \_\_ Weekends \_\_ Evenings \_\_ Days

Do you have any objections to working holidays? \_\_ Yes \_\_ No Do you have any objections to working overtime? \_\_ Yes \_\_ No

Please state the reasons why you would be a good employee in the desired position: \_\_\_\_\_

Do you have dependable transportation to work? \_\_ Yes \_\_ No

Do you have a pre-existing condition that would interfere with or limit your ability to perform the job? \_\_ No \_\_ Yes If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony in the last 10 years? (a conviction does not necessarily preclude employment) \_\_ No \_\_ Yes If yes, please explain: \_\_\_\_\_

## Education

Circle the last full year completed:	Grade (Primary)			High School				College / University				Post Grad			
	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
High School: _____	City: _____			State: _____				Major: _____				Minor: _____			
College / University: _____	City: _____			State: _____				Major: _____				Degree: _____			
U.S. Military / Other Trade School: _____			Branch / Study: _____												
Special Duties or Training Received: _____											How Long?: _____				

## Professional References

### Employer Information (list most recent first)

1. **Name of Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
Number: (     ) \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Date of Employment:** Start \_\_\_/\_\_\_/\_\_\_ End \_\_\_/\_\_\_/\_\_\_ **Salary/Wage you were Making:** \_\_\_\_\_  
**Name of Immediate Supervisor:** \_\_\_\_\_ **May we check with Employer:** \_\_ Yes \_\_ No

2. **Name of Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
Number: (     ) \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Date of Employment:** Start \_\_\_/\_\_\_/\_\_\_ End \_\_\_/\_\_\_/\_\_\_ **Salary/Wage you were Making:** \_\_\_\_\_  
**Name of Immediate Supervisor:** \_\_\_\_\_ **May we check with Employer:** \_\_ Yes \_\_ No

3. **Name of Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
Number: (     ) \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Date of Employment:** Start \_\_\_/\_\_\_/\_\_\_ End \_\_\_/\_\_\_/\_\_\_ **Salary/Wage you were Making:** \_\_\_\_\_  
**Name of Immediate Supervisor:** \_\_\_\_\_ **May we check with Employer:** \_\_ Yes \_\_ No

## Personal References

*Give the names of two people, not related to you, whom you have known for at least one year, and whom we may call for a personal reference:*

1. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (     ) \_\_\_\_\_ Business Phone (     ) \_\_\_\_\_ Years Acquainted \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (     ) \_\_\_\_\_ Business Phone (     ) \_\_\_\_\_ Years Acquainted \_\_\_\_\_

### UNDERSTANDING

I authorize investigation of all statements contained in this application form, if I am considered for employment. I also understand that misrepresentation or omission of facts called for herein, receipt of unsatisfactory references or failure to pass a prescribed physical exam will be sufficient cause for dismissal from the company's service. If any of the facts called for herein change during the course of employment, this may be sufficient cause for reassignment or dismissal from the company's service. I further understand that this policy cannot be except in writing. I understand that my employment can be terminated at any time, with or without cause, and with or without notice, at the option of either the company or myself.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_