

APPLICATION FOR EMPLOYMENT 15210 Wayzata Boulevard, Wayzata, MN 55391

Park Avenue of Wayzata, Inc. is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. PLEASE PRINT. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

| GENER | AL INFORMATIO | N | | | |
|--------------------|---|--|-----------------------|---|--|
| | | | Today's da | te | |
| First Name | | | Middle Na | me | |
| | | City | Sta | ate Zip C | ode |
| | Home F | Phone | | | |
| | | | | | |
| □Yes □No | | | | | |
| eligible to work i | in the United Stat | tes? | □Yes □ | No | |
| | <i>J</i> 1 | 0 | | • | |
| | | | | | |
| EMPLO | DYMENT DESIRED | D | | | |
| □Full-time | □Part-time | □Temp | oorary | | |
| | Wage expe | ctation? | | | |
| □Yes □No | If yes, when? _ | | | | |
| □Yes □No | If yes, when? _ | | | | |
| ave a valid drive | er's license? | □Yes | □No | | |
| | | | State | | |
| oended or revok | ed in the last 3 ye | ears? | □Yes □ | No If ves, give deta | ails: |
| | _ | | | , , , , , , , , , , , , , , , , , , , | |
| | First Name Yes No eligible to work in the please explain. A EMPLO Full-time Yes No Yes No ave a valid drive | First Name Home Yes No eligible to work in the United Star aw violation? Include any plea of please explain. A conviction will in EMPLOYMENT DESIRE Full-time Part-time Wage expe Yes No If yes, when? Yes No If yes, when? ave a valid driver's license? | City Home Phone Yes | First Name Middle Na City State Home Phone Yes No eligible to work in the United States? Yes aw violation? Include any plea of "guilty" or "no conteplease explain. A conviction will not necessarily disquence of the context of | First Name Middle Name City State Zip Co Home Phone |



| EDUCATION | | | | | |
|--|-------------|-------------------|----------|-----------------|--|
| | High School | Technical College | College | Graduate School | |
| School Name/Location | | | | | |
| Years Completed (Circle One) | 1 2 3 4 1 2 | | 1 2 3 4 | 1 2 3 4 | |
| Did you graduate? | □Yes □No | □Yes □No | □Yes □No | □Yes □No | |
| Diploma/Degree or Certificate | | | | | |
| | MISC | CELLANEOUS | | | |
| List professional, trade, business or civic activities and offices held and/or additional skills and training related to the job for which you are applying. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) All candidates who are offered employment with Park Avenue of Wayzata, Inc. are subject to criminal background checks and may be prohibited from employment based on the violations, if any, that are discovered. Additionally, final candidates for Property Managers, Resident Managers, Leasing Agents, Maintenance Technicians, Caretakers and other positions, as deemed necessary, working in Minnesota are required to pass a Kari Koskinen background check, pursuant to Statute 299C.67 to 299C.71. Has your employment with any employer ever been involuntarily terminated? | | | | | |
| REFERENCES | | | | | |
| Please list three professional reference | es. | RELATIONSHIP | | | |
| COMPANY | | CONTACT NUMBER | | | |
| | | | | | |
| FULL NAME | | RELATIONSHIP | | | |
| COMPANY | | CONTACT NUMBER | | | |
| FULL NAME | | RELATIONSHIP | | | |
| COMPANY | | CONTACT NUMBER | | | |



| EMPLOYMENT HISTORY List names of employers in consecutive order with present or last employer listed first. Note: A job offer may be | | | | |
|---|--------|--------------------------------------|---------|---------------------------------------|
| contingent upon acceptable references from current and former employers. | | | | |
| NAME OF EMPLOYER | | JOB TITLE AND DUTIES | | |
| | | | | |
| | | | | |
| ADDRESS | | | | |
| | | DATES EMPLOYED (MO/YR)FROM: | | TO: |
| | | | | |
| CITY, STATE, ZIP | | | | |
| | | PAY START \$ | END\$ | |
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| SUPERVISOR | PHONE | REASON FOR LEAVING | | |
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| NAME OF EMPLOYER | | JOB TITLE AND DUTIES | | |
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| ADDRESS | | | | |
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| ADDRESS | | | | |
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| CITY, STATE, ZIP | | | | |
| CITT, STATE, ZII | | D | 5115 ± | |
| | | PAY START \$ | END\$ | |
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| SUPERVISOR | PHONE | REASON FOR LEAVING | | |
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| NAME OF TARROVER | | IOD TITLE AND DUTIES | | |
| NAME OF EMPLOYER | | JOB TITLE AND DUTIES | | |
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| ADDRESS | | | | |
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| CITY CTATE 7ID | | | | |
| CITY, STATE, ZIP | | | | |
| | | PAY START \$ | END\$ | |
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| SUPERVISOR | PHONE | REASON FOR LEAVING | | · · · · · · · · · · · · · · · · · · · |
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DISCLAIMER AND SIGNATURE

APPLICANT: Please read the following carefully before signing this application.

- I certify that the information given by me is true in all respects.
- I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or, if discovered after hire, may result in the termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Company and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or for no reason, with or without notice, and this Company has the right to terminate my employment at any time, for any reason or for no reason, with or without notice. This Company's policies and procedures, including employment-at-will, cannot be modified in any way without the express written intent to do so by the President of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.
- I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying that the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.

| By signing below, I acknowledge that I have read, understand and agree with the | above statements. |
|---|-------------------|
| | |
| Signature of Applicant | Date |



CARETAKER APPLICATION QUESTIONNAIRE

Have you had any experience with the following:

| YES | NO | | EXPLAIN |
|-----------------------------|------------|------------------------------|---|
| | | Painting | |
| | | | |
| | | Carpet Shampooing | |
| | | Plumbing Repair | |
| | | Lock Work | |
| | | Appliance Repair | |
| | | Heating and A/C | |
| | | Electrical Work | |
| | | Operating Power Equipment | |
| | | Other | |
| Do you h ☐ Yes [If yes, ex | □ No | ohysical limitations that | preclude you from performing any skills which you listed above? |
| | | | |
| | | | |
| | | | |
| | | | |
| Signatur | <u>———</u> | | Date |