



# 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.

## GENERAL INFORMATION

Job applied for \_\_\_\_\_ Today's date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Current Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

If hired, can you furnish proof you are eligible to work in the United States?  Yes  No

Are you willing to undergo a criminal background check?  Yes  No If no, please explain.

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

## EMPLOYMENT DESIRED

Type of Employment you are seeking:  Full-time  Part-time  Temporary

When could you start work? \_\_\_\_\_ Wage expectation? \_\_\_\_\_

Have you ever applied here before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever worked here before?  Yes  No If yes, when? \_\_\_\_\_

For Jobs that Require Driving: Do you have a valid driver's license?  Yes  No

Driver's License number \_\_\_\_\_ State \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?  Yes  No If yes, give details:

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



**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma/Degree or Certificate				

**MISCELLANEOUS**

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? Yes No

If yes, please identify the employer, date of termination and reason for termination:

---



---

**REFERENCES**

Please list three professional references.

FULL NAME	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		
CITY, STATE, ZIP		DATES EMPLOYED (MO/YR) FROM: TO:
SUPERVISOR	PHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		
CITY, STATE, ZIP		DATES EMPLOYED (MO/YR) FROM: TO:
SUPERVISOR	PHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		
CITY, STATE, ZIP		DATES EMPLOYED (MO/YR) FROM: TO:
SUPERVISOR	PHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		
CITY, STATE, ZIP		DATES EMPLOYED (MO/YR) FROM: TO:
SUPERVISOR	PHONE	REASON FOR LEAVING



### 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



## LEASING AGENT APPLICATION QUESTIONNAIRE

### PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. In sales/leasing, which area do you feel is the most important? Why? (Follow-up...renting/selling...showing the home/apartment...closing...overcoming objections/problem solving).

Which do you like the best? Why?

Which are you best at? Why?

2. What is the most important thing on the telephone?

3. List 10 reasons why someone should buy/rent from you:

4. RENTALS ARE DOWN...TRAFFIC IS DOWN...ADVERTISING IS NOT GENERATING TRAFFIC...  
All of the above are realities and your boss wants some results. How would you proceed?

5. Why should we hire you for this position?