

Double Diamond Real Estate Employment Application

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability or any other basis prohibited by the law. We are an Equal Opportunity Employer.

Note: All fields marked with an asterisk * are required.

First Name * Middle Initial

Last Name *

Maiden or other name formerly used

Date last used: Month Year

Maiden or other name formerly used

Date last used: Month Year

Current Address

City County State Zip Code

Social Security Number * Home Phone Number

Position applied for * Date Available Salary Desired

Are you presently employed? * Yes No Are you over the age of 18? * Yes No

Are you lawfully authorized to work in the United States without restriction? * Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Do you speak, read or write a language other than English? * Yes No

If yes, please specify

Can you and are you willing to travel if your job requires it? * Yes No

If employment is offered, do you intend to have any type of secondary employment or self-employment? * Yes No

If required, would you be willing to work: (Please check one box in each category)

Overtime * Yes No Holidays * Yes No Saturdays/Sundays * Yes No

Indicate the days or nights you are not available to work, if any

Have you ever applied to this company or any of its affiliates? * Yes No

If yes, when? Which affiliate(s)?

Have you ever been employed by this company or any of its affiliates? * Yes No

If yes, when?

Which affiliate(s)?

Do you have any relatives employed by this company? * Yes No

If yes, who and what location?

How did you learn about our organization? *

Walk-In Employee referral Friend Agency Other

If employee referral, please list names

If Agency, please list agency

If other, please specify

If you are applying for a position which involves driving on the job please answer the following questions.

Do you have a valid unexpired license to drive a vehicle? Yes No

Do you have auto insurance coverage? Yes No

Has your license been revoked or suspended during the past five years? Yes No

If yes, please explain

Driver's License Number

Expiration Date

Issuing State

Class of License

Education and Training

Indicate highest level of education completed.

High School

Technical School

College/University

Graduate School

9 10 11 12

1 2

9 10 11 12

9 10 11 12

Name of School/College	Location, City/State	Course of Study	Years Completed	Did you graduate?	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>

List additional education, vocation, trade, and/or professional information and/or certifications and/or licenses:

Computer skills, (please list software)

Other machines, trades, special skills or qualifications

Previous Residences

List all cities/counties where you have lived in the last seven years.

City County State From To

Criminal Record

A Conviction itself does not constitute an automatic bar to employment.
The seriousness of the crime and the date of the conviction will be considered.

Have you ever been convicted of or pled guilty to any felony or any crime involving violence (including domestic violence), moral turpitude or dishonesty, or driving under the influence of alcohol or drugs? *

Yes No

If yes, please explain.

Date	Location, City/State	Charge	Action Taken

Illegal Use of Drugs

Do you currently engage in the illegal use of drugs (examples marijuana, cocaine, heroin, crack, speed, LSD, etc.)? *

Yes No

Are you willing to be tested for the illegal use of drugs? *

Yes No

Employment History

List most recent position first. Although some of the information requested may be on your resume, please complete all of the employment history requested. Attach your resume to this application.

Name of company	<input type="text"/>	Company Phone Number	<input type="text"/>		
Street	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
Type of Business	<input type="text"/>	Exact Title/Position	<input type="text"/>		
Dates of Employment	From <input type="text"/>	To <input type="text"/>	Base Salary	Start <input type="text"/>	End <input type="text"/>
Other Compensation	<input type="text"/>	Immediate Supervisor	<input type="text"/>		
Supervisor's Position	<input type="text"/>	May we contact?	<input type="radio"/> Yes	<input type="radio"/> No	
Reason for leaving	<input type="text"/>				
Description of duties, responsibilities, and accomplishments	<input type="text"/>				

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Supervisor's Position	<input type="text"/>	May we contact?	<input type="radio"/> Yes	<input type="radio"/> No	
Reason for leaving	<input type="text"/>				
Description of duties, responsibilities, and accomplishments	<input type="text"/>				

References

Please list three individuals whom you have known for at least three years, other than relatives. *

Name Title

Company Business Address

Company Phone Number Relationship

Name Title

Company Business Address

Company Phone Number Relationship

Name Title

Company Business Address

Company Phone Number Relationship

Have you ever been terminated from employment or asked to resign by an employer? * Yes No

If yes, please explain

Please read carefully before signing.

This is an equal opportunity employer. I understand that no question being asked as part of my consideration for employment is intended to be unlawful.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation by the Employer to hire me. If I am hired, I understand that all new employees, including myself, if offered a position, are initially hired under a ninety (90) day probationary period. I further understand that either the Employer or I can terminate my employment at any time and for any reason. Aside from this employment-at-will relationship, no one other than the President of the Employer has the authority to enter into any employment contract of any kind between me and the Employer. Any such contact must be in writing and signed by me and the President.

All of the information I have given to the Employer in considering me for employment is correct. No other information has been concealed. I understand that the Employer may decide to conduct drug screenings, criminal background and credit checks. I authorize, to the fullest extent permitted by law, any such drug screening, credit reports and/or criminal background checks as well as the investigation of all matters concerning my consideration for employment. I understand that all offers of employment are contingent upon the receipt of a favorable result of any such drug screening, credit check, criminal background check and other investigated matter. I waive any right to prior written notice and authorize the Employer to conduct the screening, credit check, background check or investigation directly or through its agent, and further authorize my former employers, references, physicians and acquaintances to give any such information they may have regarding me. I release and indemnify this Employer, as well as any parties from who information is obtained from any liability whatsoever resulting from the drug screening, credit check, criminal background check or any other investigation and release of this information. If any information I have given to the Employer is untrue or misleading, if I have concealed any information, or if adverse information is discovered through the investigation, I understand that this may result in the denial of employment, revocation of an offer of employment, or termination of employment.

Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, change in work location, a rotating work schedule other than Monday through Friday. I understand and accept these conditions of my continuing employment. Additionally, I am aware that my employment is contingent on operational requirements.

Date *

Signed By _____

E-Mail to: jennifer@ddre.org

For Office Use Only

Complete only after a contingent offer has been made.

Position Property/Office Name Property #

Rate Equal Opportunity Employment Code

Start Date Birth Date Comments

Property Manager Date

Regional Manager Date