

# COLUMBIA SUSSEX MANAGEMENT, LLC.

## APPLICATION FOR EMPLOYMENT (An Equal Opportunity Employer)

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip

How long have you lived at this address \_\_\_\_\_

PREVIOUS \_\_\_\_\_  
Street City State Zip

How long did you live at this address? \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ referred by \_\_\_\_\_

Can you present proof of your right to work legally in the United States?

YES \_\_\_ NO \_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_

If yes, give details \_\_\_\_\_

Do you have any friends or relatives who work for the Columbia Sussex Management, LLC. or related company?

YES \_\_\_ NO \_\_\_

If yes, please list them, \_\_\_\_\_

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

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ Date you can start \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_

Have you applied to or worked for the Columbia Sussex Management, LLC. before?

YES \_\_\_ NO \_\_\_ If "YES," when? \_\_\_\_\_

## EDUCATION

	Name & Location of School Attended	How many years?	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Other				

Subjects of special study or research work \_\_\_\_\_

U.S. Military Service or Reserves (Dates, rank, discharge) \_\_\_\_\_

### REFERENCES

Give below the names of 3 persons not related to you, whom you have known at least one year.

1. Name: \_\_\_\_\_ Business: \_\_\_\_\_

Phone number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Business: \_\_\_\_\_

Phone number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Business: \_\_\_\_\_

Phone number: \_\_\_\_\_



**IN CASE OF EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

I certify that the information provided in this Application for Employment is true, correct and complete. I agree that, if I am employed, the Columbia Sussex Management, LLC. may terminate my employment for any false or misleading statements or omissions in this application, whenever they may be discovered.

I authorize a medical examination, including a drug screen, by an examiner selected by the Columbia Sussex Management, LLC.

I agree that, if hired, my employment is for no definite period and may be terminated at any time for any reason by either me or Columbia Sussex Management, LLC. I agree that this cannot be changed except in writing by the Company's President, and that any representations to the contrary are not binding on the Columbia Sussex Management, LLC..

**Authorization For Release Of Information**

I authorize the Columbia Sussex Management, LLC. to investigate my personal history and financial and credit record through any investigative or credit agency of its choice.

I authorize any reference, school, hospital, doctor, former employer or other person to disclose to Columbia Sussex Management, LLC. upon request any information they may have about me and I release them from all liability for disclosing such information to the Columbia Sussex Management, LLC. I understand that Columbia Sussex Management, LLC. may obtain or prepare an investigative consumer report in connection with my application for employment. I understand that I may make a written request for disclosure of the nature and scope of the investigation.

Date: \_\_\_\_\_ Signature \_\_\_\_\_