

## Equal Opportunity Employer Employment Application

### APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available		Social Security No.	Desired Salary	
Position Applied for				
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever worked for BHC? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when and what position?				

### EDUCATION

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/ Other
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree/ Other

### REFERENCES

*Please list three professional references.*

Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )

**LIST EMPLOYMENT IN CHRONOLOGICAL ORDER BEGINNING WITH MOST RECENT EMPLOYER**

**PREVIOUS EMPLOYMENT**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

CERTIFICATIONS/LICENSES EARNED	ISSUING ORGANIZATION	DATE EARNED (MM/DD/YYYY)

**COMPUTER SKILLS/EXPERIENCE** (Check appropriate boxes or complete information for skills/experience you presently possess.)

<b>Microsoft</b> <input type="checkbox"/> Word <input type="checkbox"/> Outlook <input type="checkbox"/> Windows <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> Publisher <input type="checkbox"/> Project <input type="checkbox"/> PowerPoint <input type="checkbox"/> Visio	Other
<b>Adobe</b> <input type="checkbox"/> Acrobat <input type="checkbox"/> Photoshop <input type="checkbox"/> Illustrator <input checked="" type="checkbox"/> InDesign	Other Graphic software
<b>Property Management Software</b> <input type="checkbox"/> Yardi <input type="checkbox"/> OneSite <input type="checkbox"/> Rent Roll <input type="checkbox"/> WCMS	Other Property Management Software
Are you fluent in a language other than English? <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Not Applicable	Other Language(s)

**Additional Skills/Qualifications (List any additional knowledge, skills or abilities that would qualify you for the position with BHC, including any special training.**

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**DISCLAIMER AND SIGNATURE**

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for my dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release BHC from all liability for any damage that may result from utilization of such information.

Signature

Date