

APPLICATION FOR PROSPECTIVE TEAM MEMBER



Affordable Housing Specialists

1572 N. Main Street Orange CA 92867
(714) 282-2520 ■ (714) 410-2866 Fax



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Position(s) Applying For:	Name of Community:
How Did You Learn About Us?	
<input type="checkbox"/> OC Register <input type="checkbox"/> PM Jobs <input type="checkbox"/> Monster.com <input type="checkbox"/> EDD <input type="checkbox"/> Friend _____ <input type="checkbox"/> Relative _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____	

Last Name:	First Name:	Middle Name:
Address:	City:	State: Zip:
Telephone Number: ()	Cell Phone: ()	Social Security Number: _____ - ____ - _____

Best time to contact you at home is.....		_____
Best time to contact you on your cell phone is.....		_____
If you are under 18 years of age, are you able to provide proof of eligibility to work in the United States?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied for a position with Solari Enterprises, Inc.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with Solari Enterprises, Inc.?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give dates of employment: _____		
Are any of your friends, relatives or spouse currently working for Solari or in the past worked for Solari Enterprises?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give name(s): _____		
Are you currently working?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, may we contact your current employer?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country?..		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work: ____/____/____		
Are you applying for: <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
What is your desired salary range? _____		
Can you travel if the job requires it?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have reliable transportation?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: You may be required to attend mandatory meetings. Will that be a problem?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION HISTORY

NAME OF SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE(S) STUDIED	YEARS COMPLETED	DIPLOMA DEGREE
HIGH SCHOOL	_____		_____ YRS.	
COLLEGE	_____		_____ YRS.	
GRADUATE STUDIES	_____		_____ YRS.	
OTHER (SPECIFY)	_____		_____ YRS.	

Describe any specialized training; apprenticeship, skills and extra - curricular activities that may be of help to your applied position.

SOLARI ENTERPRISES, INC.’S MISSION STATEMENT



- To provide high quality affordable housing
- To maintain high level of ethics and integrity
- To be effectively and efficiently responsive to the needs of our clients, residents, government agencies, funding sources and team members
- To create a working environment where team members are comfortable and open with co-workers, and challenged professionally so that they are proud of and enjoy their work

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job related military service assignments and voluntary activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Please remember to provide complete contact information.

1.

Employer	Start Date ___/___/___	End Date ___/___/___	Worked Performed _____ _____ _____ _____ _____
Address	Starting Rate	Final Rate	
Telephone Number	Supervisor's Name		
Your Position / Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving			

2.

Employer	Start Date ___/___/___	End Date ___/___/___	Worked Performed _____ _____ _____ _____ _____
Address	Starting Rate	Final Rate	
Telephone Number	Supervisor's Name		
Your Position / Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving			

3.

Employer	Start Date ___/___/___	End Date ___/___/___	Worked Performed _____ _____ _____ _____ _____
Address	Starting Rate	Final Rate	
Telephone Number	Supervisor's Name		
Your Position / Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving			

4.

Employer	Start Date ___/___/___	End Date ___/___/___	Worked Performed _____ _____ _____ _____ _____
Address	Starting Rate	Final Rate	
Telephone Number	Supervisor's Name		
Your Position / Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Leaving			

ADDITIONAL INFORMATION

Other Qualifications:

Summarize special job-related skills and qualifications acquired from past employment.

Specialized Skills for Applied Job Title: (Check all that apply)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> HUD Programs | <input type="checkbox"/> Excel | <input type="checkbox"/> Welding |
| <input type="checkbox"/> Section 8 | <input type="checkbox"/> Microsoft Office | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Section 42 | <input type="checkbox"/> Tracs | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Yardi | <input type="checkbox"/> 10 Key | <input type="checkbox"/> Dry Wall |
| <input type="checkbox"/> Fair Housing | <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> Janitorial |
| <input type="checkbox"/> HOA | <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Other (please describe below) |

REFERENCES

Please list personal references that can give a character reference for you.

Name	Address	Length of relationship
Telephone Number () -		Office Use Only - Contact Made

Name	Address	Length of relationship
Telephone Number () -		Office Use Only - Contact Made

Name	Address	Length of relationship
Telephone Number () -		Office Use Only - Contact Made

Have you been convicted of a crime other than a traffic violation? [] Yes [] No

Note: A conviction is not an automatic bar to employment. Each case will be considered on its own merits.

If yes, please explain the charge, the court, and date and the disposition of the case:

I hereby certify that the information contained above is true and correct to the best of my knowledge and agree to have any of the statements checked by Solari Enterprises, Inc. unless I have indicated contrary. Further, I release all parties and persons from any and liability for any damages that may result from furnishing such information to the Solari Enterprises, Inc. as well from any use of disclosure of such information by the Company or any of its agents, employees, of representatives. I understand that any misrepresentation, falsification, or material omission of information on the above may result in failure to receive an offer, or if hired my immediate dismissal of employment.

Applicant Signature

Date

APPLICANT STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at the time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Date