

Solari Enterprises, Inc. is an Equal Opportunity Employer

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.

Contact information

Last Name First Name M

Current address – Number & Street City State Zip

Phone number Email address

What is the best time to contact you via phone? _____

Permanent address (if different from current address)

Address City State Zip Code

Employment desired

Position you are applying for: _____ Requested salary: \$ _____

Please indicate what type of employment you are applying for:

Regular full-time work? ☐ Yes ☐ No

Regular part-time work? ☐ Yes ☐ No

Temporary work, e.g., summer or holiday work? ☐ Yes ☐ No

What days and hours are you available to work? _____

If you are applying for temporary work, indicate the period of time from _____ to _____

Are you available for work on weekends? ☐ Yes ☐ No

Are you available to work approved overtime, if necessary? ☐ Yes ☐ No

Are you able to travel, if the job requires it? ☐ Yes ☐ No

If hired, what date can you begin working? _____

Personal Information

Do you have a current / valid driver's license?

☐ Yes☐ No

Type: _____

Number: _____

Issuing Agency: _____

Has your driver's license ever been revoked or suspended?

☐ Yes☐ NoIf yes, state reason(s), date of revocation or suspension, and date of reinstatement: _____

How did you hear about our company and this job opening? _____

Have you ever applied to or worked for Solari Enterprises Inc.?

☐ Yes☐ No

If yes, when and where? _____

Why are you interested in working at Solari Enterprises, Inc.? _____

If hired, would you have a reliable means of transportation to and from work?

☐ Yes☐ No

Are you at least 18 years old? (If under 18, employment is subject to law)

☐ Yes☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

☐ Yes☐ No

If no, describe the functions that cannot be performed, _____

Solari Enterprises, Inc. complies with the ADA and considers all reasonable accommodation measures that may be necessary for eligible applicants / team members to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.

Solari Enterprises, Inc. may refuse to hire relatives of present team members if doing so could result in actual or potential problems in supervision, security, safety, morale, or if doing so could create conflicts of interest.

Education, Training, and Experience

Educational Institute	Name and Address	# of years completed	Did you graduate?	Degree or Diploma
High School				
College / University				
Vocational / Business				
Designations / Certificates				

Industry Related Education

Course Provider	Course(s) studied	Course date(s)	Did you complete?

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"/> Fair Housing | <input type="checkbox"/> EIV | <input type="checkbox"/> Drywall |
| <input type="checkbox"/> Yardi | <input type="checkbox"/> Accounts Payable | <input type="checkbox"/> Janitorial |
| <input type="checkbox"/> UFI/LAHD | <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Other _____ |

Do you hold a license from a State or Federal Office?

☐ Yes ☐ No

Type: _____ Number: _____ Issuing Agency: _____

If yes, has the license ever been revoked or suspended?

☐ Yes ☐ No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement: _____

Do you have additional experience, training, qualifications, or skills you feel make you especially suited for the position in which you are applying?

☐ Yes ☐ No

_____ If yes, please explain: _____

Employment History

Starting with your most recent employer and going back ten (10) years, complete the following information. If needed, attach an additional page. This section must be completed even if a resume is provided.

Current Employer's Name

Phone Number

Type of Business

Your Supervisor's Name

Address

City

State

Zip Code



Employment Application

Dates of Employment – from: _____ to _____

Position: _____

Current responsibilities and duties: _____

Reason for leaving: _____

May we contact this employer for a reference?

☐ Yes

☐ No

Prior Employer's Name

Phone Number

Type of Business

Your Supervisor's Name

Address

City

State

Zip Code

Dates of Employment – from: _____ to _____

Position: _____

Current responsibilities and duties: _____

Reason for leaving: _____

May we contact this employer for a reference?

☐ Yes

☐ No

Prior Employer's Name

Phone Number

Type of Business

Your Supervisor's Name

Address

City

State

Zip Code

Dates of Employment – from: _____ to _____

Position: _____

Current responsibilities and duties: _____

Reason for leaving: _____

May we contact this employer for a reference?

☐ Yes

☐ No



Professional References

List four (4) persons not related to you, whom have knowledge of your work performance within at least the past three (3) years and would not mind if we contacted as part of the hire process.

Name

Occupation

Phone Number

Email address

Number of Years Acquainted

Name

Occupation

Phone Number

Email address

Number of Years Acquainted

Name

Occupation

Phone Number

Email address

Number of Years Acquainted

Name

Occupation

Phone Number

Email address

Number of Years Acquainted

Notice to Prospective Team Members

As part of the Solari Enterprises, Inc. Drug Abuse Policy, any offer of employment is contingent upon passing a pre-employment drug testing of urine for illegal drugs. Solari Enterprises, Inc. will not discriminate against applicants for employment because of a past history of drug abuse. Therefore, individuals who fail a pre-employment test may initiate another inquiry with the company after a period of no less than six (6) months, but must present themselves drug-free.

Upon hire, all applicants' social security numbers will be submitted via internet to our Basic Pilot Program. The Social Security Administration and the Immigration and Naturalization Services (INS) will verify your identity and employment eligibility.

Team Members who drive on behalf of Solari Enterprises, Inc. are to be licensed in the State of California and will have their Driver's License number submitted to the California Department of Motor Vehicles through the Employer Pull Program. Solari Enterprises, Inc. will be supplied with periodic reports indicating whether the Team Member's Driver's License is valid, whether a Team Member has received a motor vehicle code violation or if your driver's license has been suspended or is expired. Team Members are required to submit proof of auto insurance and to provide Human Resources with all subsequent renewals.

All information regarding criminal history will be maintained confidentially. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position applied for may, however, be considered.

Please read carefully and initial where indicated and sign below.

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Solari Enterprises, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to this company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release this company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and this company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or this company, and that no promises or representations contrary to the foregoing are binding on this company unless made in writing and signed by me and this company's designated representative.

Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Initials

Should a search of public records be conducted by internal personnel employed by this company, I am entitled to copies of any such public records obtained by this company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. "Public records" are defined by California state law and means records documenting an "arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment." (Civil Code section 1786.53). Any public records request conducted by internal personnel employed by this company will only be used to the extent allowed by federal, state, or local law.

☐ I request of a copy of any public record described in the paragraph above.

See the additional two (2) pages at the end of this application, marked "Disclosure and Authorization to Obtain Investigative Consumer Report" for California and Federal

Applicant's signature: _____

Date: _____

The following is to only be completed by Solari Enterprises, Inc.'s Home Office:

Regular full-time work? ☐ Yes ☐ No

Regular part-time work? ☐ Yes ☐ No

Temporary work, e.g., summer or holiday work? ☐ Yes ☐ No

Position: _____

Allocation(s):

Allocation %	Location
%	(Primary)
%	
%	
%	
%	

Anticipated start date: _____

Hourly pay rate: \$_____

Unit included? ☐ Yes ☐ No

If yes, value: \$_____

Unit Number: _____

Unit Size: _____

Is the applicant required to be income qualified? ☐ Yes ☐ No

The following utilities will be set up by the Team Member being hired, and reimbursed per Company Policy, by the Community identified in the Unit Agreement (HR-211):

Electricity ☐ Yes ☐ No

Gas ☐ Yes ☐ No

Note, Trash, Sewer and Water are on a master account(s) paid the by Community. Internet is not reimbursed by the Community.

Initial interview completed by: _____

Date: _____

Second interview completed by: _____

Date: _____

Department Director approval: _____

Date: _____

Disclosure and Authorization to Obtain Investigative Consumer Report - Federal

An INVESTIGATIVE CONSUMER REPORT will be obtained from a Consumer Reporting Agency for employment- related purposes.

Solari Enterprises Inc. (the Company) discloses to you that it will obtain an **Investigative Consumer Report** from a Consumer Reporting Agency for employment-related purposes that may include information as to your character, general reputation, personal characteristics, and mode of living. This report may reveal information about your work habits, including oral assessments of job performance, experiences, and abilities, along with reasons for termination of past employment. Such a report may be requested by the Company or on behalf of the Company. Further, subject to any legal restrictions imposed by any federal, state, or local law, the Company may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning your driving record, criminal record, civil matters, previous employment, educational background, and professional licensing, if any.

The investigative consumer report will be ordered from:

HireRight, LLC
Name of Consumer Reporting Agency

800 400-2761
Telephone

3349 Michelson Drive, Suite 150 Irvine, CA 92612
Address

www.hireright.com
Consumer Reporting Agency Website

You have the right, upon written request made within a reasonable period of time (not to exceed 30 days) after receipt of this notice, to receive a written disclosure of the nature and scope of any investigation.

If an investigative consumer report is obtained and an adverse decision is made affecting your employment, the Company will provide to you, before making the adverse decision, a copy of the investigative consumer report and a written summary of your rights under the Fair Credit Reporting Act.

Your signature below will indicate that you authorize the Company to obtain an investigative consumer report from a Consumer Reporting Agency for employment-related purposes. You acknowledge that a fax or copy of this Disclosure and Authorization bearing your signature shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

Printed Name: _____

Signature: _____

Date: _____

Disclosure and Authorization to Obtain Investigative Consumer Report – California

An INVESTIGATIVE CONSUMER REPORT will be obtained from a Consumer Reporting Agency for employment- related purposes.

Solari Enterprises Inc. (the Company) discloses to you that it will obtain an **Investigative Consumer Report** from a Consumer Reporting Agency for employment-related purposes that may include information as to your character, general reputation, personal characteristics, and mode of living. This report may reveal information about your work habits, including oral assessments of job performance, experiences, and abilities, along with reasons for termination of past employment. Such a report may be requested by the Company or on behalf of the Company. Further, subject to any legal restrictions imposed by any federal, state, or local law, the Company may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning your driving record, criminal record, civil matters, previous employment, educational background, and professional licensing, if any.

The investigative consumer report will be ordered from:

HireRight, LLC
Name of Consumer Reporting Agency

800 400-2761
Telephone

3349 Michelson Drive, Suite 150 Irvine, CA 92612
Address

www.hireright.com
Consumer Reporting Agency Website

If an investigative consumer report is obtained and an adverse decision is made affecting your employment, the Company will provide you, before making an adverse decision, a copy of the investigative consumer report.

You have a right to obtain a copy of the investigative consumer report obtained by the Company by checking the box provided below. The report will be provided to you within three business days after the report is provided to the Company.

☐ Yes, I wish to receive a copy of my investigative consumer report. Please send to:

Name: _____

Mailing address: _____

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency named above during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the Consumer Reporting Agency identified above in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Your signature below will indicate that you authorize the Company to obtain an investigative consumer report from a Consumer Reporting Agency for employment-related purposes. You acknowledge that a fax or copy of this Disclosure and Authorization bearing your signature shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

Printed Name: _____

Signature: _____

Date: _____