

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS. STARTING LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE THREE PERSONS NOT RELATED TO YOU. WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO
 IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOU LIMITATION?

PLEASE DESCRIBE:

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

*I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SHAME TO YOU.

AUTHORIZATION WILL INCLUDE CREDIT AND CRIMINAL CHECKS FOR INDIVIDUALS HAVING ACCESS TO KEYS AND MONEY.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINATE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

9. DATE HIRED _____

01. EMPLOYEE NUMBER _____

07. PROJECT NAME _____

POSITION _____

8. DATE BORN _____

28. MARITAL STATUS S M D W

29. EXEMPTIONS _____

STATUS _____

.03 STREET

04. CITY

05. STATE

06. ZIP



Medallion Management, Inc.

AUTHORIZATION FOR CREDIT, CRIMINAL HISTORY AND SEX OFFENDER CHECK

Date _____

Name: First _____ Middle _____ Last _____

Address _____

Date of Birth _____

Male or Female _____

Social Security # _____

Are you or any member of your household subject to the Lifetime Sex Offender Registration in any state?

____ Yes ____ No

Please list all states in which you or any household member has ever resided; use additional paper if needed.

I hereby authorize Medallion Management, Inc. to investigate my credit status, criminal history, sex offender registration and also agree to furnish any other information relative to my credit and criminal standing past and present; and release the same to representatives of Medallion Management, Inc.

I expressly authorize owner, or owner's agent (including a collection agency) to obtain by consumer credit report, which owner or owner's agent may use if attempting to collect past due rent payments, late fees, or other charges from me, both during the term of the lease and thereafter.

Signature: _____ Date: _____

Please run credit check _____ run criminal check _____ run sex offender check _____

Property Manager Approval: _____ Development Code: _____

EQUAL HOUSING OPPORTUNITY
EQUAL OPPORTUNITY EMPLOYER
THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

