



**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	PHONE	EMAIL ADDRESS	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

