



Application for Employment *(choose Company)*

- | | |
|---|---|
| <input type="checkbox"/> Michaels Development Co. | <input type="checkbox"/> Interstate Realty Management Co. |
| <input type="checkbox"/> Michaels Military Housing | <input type="checkbox"/> Prestige Affordable Housing Equity Partners, LLC |
| <input type="checkbox"/> Michaels Management Services | <input type="checkbox"/> University Student Living |
| <input type="checkbox"/> Continental Mortgage Co. | <input type="checkbox"/> Prestige Building Co. |

NOTICE TO ALL APPLICANTS

The companies that comprise The Michaels Organization (hereafter referred to as the "Company") are equal opportunity employers and do not discriminate on the basis of race, color, creed, religion, gender, age, disability, national origin, genetic information, military status, or any other characteristic protected under applicable federal, state or local law. The Company provides reasonable accommodations to known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of the Company. Please inform the Company if you need an accommodation during the application process to ensure you are given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, the Company fully complies with applicable federal, state and local employment laws and the information requested on this application will only be used for purposes consistent with those laws.

PLEASE PRINT or TYPE

Last Name	First	Middle
Address	City	State
		Zip Code
		Last 4 digits of Social Security Number
Home Phone Number		Cell Phone Number
Email Address		

Are you a U.S. Citizen or legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>[Consistent with federal law, if hired, you will be required to produce documentation to establish your legal eligibility to work in the United States.]</i>	How were you referred to the Company? (Please list name of employee if referred by a current employee of the company)
Position Applied For	Location of Position Applied for (i.e., Office Location, Site Name)
Salary Requirements	Date Available
Have you previously worked for any one of our Companies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list company name and dates	
Have you ever been employed by a property managed by this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list property or properties and reason for leaving.	Does any member of your family work here now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name, location and department

School	Name and Address of School	Received Degrees In	Years Completed
High School	Name	Diploma	1 2
	City	State	3 4
College or University	Name	Degree	1 2
	City	State	3 4
Other Education	Name	Degree	1 2
	City	State	3 4
Certificates/ Licenses			

Will you work overtime if required? (You are not required to indicate the need for time off due to religious practices.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you relocate if required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you travel if required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT HISTORY Starting with current or most recent, list previous employers, military and volunteer experience. **This section must be completed, please do not state "refer to resume" or similar language.** If more room is required, please attach a separate sheet of paper.

May we contact your current employer? Yes No Not Currently Employed Post Hire Only _____ Initial Here

Employer: _____ Dates: _____
From To

Address: _____

Job Title: _____ Last (or Current) Wage/Salary: _____

Responsibilities: _____

Immediate Supervisor: _____ Employer Phone #: _____

Reason for Leaving: _____

Employer: _____ Dates: _____
From To

Address: _____

Job Title: _____ Last Wage/Salary: _____

Responsibilities: _____

Immediate Supervisor: _____ Employer Phone #: _____

Reason for Leaving: _____

Employer: _____ Dates: _____
From To

Address: _____

Job Title: _____ Last Wage/Salary: _____

Responsibilities: _____

Immediate Supervisor: _____ Employer Phone #: _____

Reason for Leaving: _____

Employer: _____ Dates: _____
From To

Address: _____

Job Title: _____ Last Wage/Salary: _____

Responsibilities: _____

Immediate Supervisor: _____ Employer Phone #: _____

Reason for Leaving: _____

Do you have any special skills, experience, and/or training that would enhance your ability to perform the position applied for? If yes, explain. (Exclude any information/activities that may reveal your membership in any classification protected by applicable federal, state or local laws.)

REFERENCES Give the names of three persons not related to you. Please include at least two (2) professional references.

Name	Phone or Email	Company	Years Acquainted
1			
2			
3			

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that all of the information on this application and submitted during the interview process to the Company is true, correct, and complete. I understand that false, misleading, incomplete or omitted information is sufficient cause for and may result in the rejection of my application, or my termination if hired, and I agree not to challenge my discharge or the Company's decision not to hire me on this basis. I certify that I have a genuine intent to secure employment and no other purpose(s) in applying for a job with the Company.

I authorize the Company to investigate all statements made on this application and during the interview process, to contact the companies, persons and institutions identified to obtain information, and to otherwise investigate my suitability for employment. The Company may obtain consumer or investigative reports of job applicants and will comply with all federal, state and local laws in obtaining an applicant's consent to request the report. I hereby release the Company and its representatives, and all other persons, companies, institutions, or organizations from any liability relating to this application for employment, including but not limited to, seeking or providing information regarding my suitability for employment. I agree to provide additional information if requested by the Company.

I understand that I will be required to undergo and pass a Drug Screening as a condition of employment and that if hired I can be terminated for failure to comply with Company policy on drug and alcohol use in the workplace. The Company enforces its drug screening policy in accordance with all applicable federal, state and local laws.

I understand that this application is not a contract or promise of employment. I understand that all Company personnel are at-will employees. This means that either the Company or the employee may terminate the employment relationship at any time, for any reason or no reason. No representative of the Company may enter into any agreement to the contrary, whether verbal or written, with any employee.

I acknowledge that I have read and understand the information set forth above.

Signature of Applicant _____ **Date** _____