



Caribbean Property Management, Inc.

Professional Community Association Management

12301 S.W. 132 Court • Miami, Florida, 33186

Phone: (305) 251-3848 • Fax: (305) 251-3849

EMPLOYMENT APPLICATION FORM

DATE: _____

NAME: _____
LAST FIRST MIDDLE MAIDEN

SOCIAL SECURITY NUM.: _____ - _____ - _____

PRESENT ADDRESS: _____
CITY, STATE, ZIP CODE

HOW LONG HAVE YOU RESIDED AT PRESENT ADDRESS? : _____

TELEPHONE NUM.: (_____) _____ - _____ IF UNDER 18, PLEASE LIST AGE: _____

POSITION APPLYING FOR: (1) _____

(2) _____

DAYS/ HOURS AVAILABLE TO WORK

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

HOW MANY HOURS CAN YOU WORK WEEKLY? : _____

EMPLOYMENT DESIRED: ()

HOW SOON ARE AVAILABLE FOR WORK? : _____

FULL-TIME ONLY

PART-TIME ONLY

FULL OR PART-TIME

HAVE YOU EVER BEEN CONVICTED OF A CRIME? : YES NO

IF YES, EXPLAIN NUMBER OF CONVICTIONS, NATURE OF OFFENSE(S) LEADING TO CONVICTION(S), HOW RECENTLY SUCH OFFENSE(S) WAS/ WERE COMMITTED, SENTENCE (S) IMPOSED, AND TYPES OF REHABILITATION:

EDUCATION HISTORY

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR/ DEGREE
HIGH SCHOOL				
COLLEGE/ UNIVERSITY				
BUSINESS/ TRADE SCHOOL				
GRADUATE SCHOOL				

DO YOU HAVE A DRIVERS LICENSE? : YES NO

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK? : _____

DRIVERS LICENSE NUMBER: _____

STATE OF ISSUANCE: _____ OPERATOR COMMERCIAL (CDL) CHAUFFEUR

EXIRATION DATE: _____ / _____

HAVE YOU HAD ANY ACCIDENTS DURING THE PAST THREE YEARS? YES NO HOW MANY? : _____

HAVE YOU HAD AY MOVING VIOLATIONS DURING THE PAST THREE YEARS? YES NO HOW MANY? : _____

EMPLOYMENT HISTORY

Please list your work experience for the past five years beginning with the most recent. If you were self-employed, please list firm or company name. Attach additional sheets if necessary.

Name of employer: _____	Name of supervisor: _____
Address: _____	Employment dates: From: ____/____ to: ____/____
City, State, Zip code: _____	Pay or Salary: Start: \$_____ final: \$_____
Phone number: () _____ - _____	Last job title: _____
Reason for leaving (be specific):	

List the positions you held, duties you performed, skills used or leaned, advancements o promotions while you worked at this company:	

Name of employer: _____	Name of supervisor: _____
Address: _____	Employment dates: From: ____/____ to: ____/____
City, State, Zip code: _____	Pay or Salary: Start: \$ _____ final: \$ _____
Phone number: () _____ - _____	Last job title: _____
Reason for leaving (be specific):	

List the positions you held, duties you performed, skills used or leaned, advancements o promotions while you worked at this company:	

Name of employer: _____	Name of supervisor: _____
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City, State, Zip code: _____	Pay or Salary: Start: \$ _____ final: \$ _____
Phone number: () _____ - _____	Last job title: _____
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Name of employer: _____	Name of supervisor: _____
Address: _____	Employment dates: From: ____/____/____ to: ____/____/____
City, State, Zip code: _____	Pay or Salary: Start: \$ _____ final: \$ _____
Phone number: () _____ - _____	Last job title: _____
Reason for leaving (be specific):	

List the positions you held, duties you performed, skills used or learned, advancements or promotions while you worked at this company:	

May we contact your present employer? : Yes No

MILITARY	
HAVE YOU EVER BEEN IN THE ARMED FORCES?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty _____	Date Entered _____ Discharge Date _____

PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS.	
NAME: _____	NAME: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
COMPANY: _____	COMPANY: _____
TELEPHONE: () _____ - _____	TELEPHONE: () _____ - _____

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Caribbean Property Management , (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Caribbean Property Management, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Caribbean Property Management may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

OFFICE ONLY

TYPING: YES NO _____ WPM

10-KEY: YES NO

WORD PROCESSING
 YES NO

OTHER SKILLS: _____

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height _____ ft. _____ in. Weight _____ Birth date _____

Married Yes No If married, how long? _____ Single Separated Divorced Widowed

Full name of spouse _____ Occupation _____

Name of company _____ Telephone () _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone () _____

Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN:

Date of employment: ____ / ____ / ____ Job title: _____ Department: _____

Location: _____ Pay rate: \$ _____ Full-time Part-time Salaried

Applicant's signature acknowledging above information: _____

Drug test confirmation number: _____

Name of witness: _____

Name of witness authorizing employment: _____