

# LOG IN

## REAL ESTATE

Date: \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

APPLICANT PERSONAL INFORMATION PLEASE TYPE OR PRINT				
FIRST NAME	MIDDLE INITIAL	LAST NAME		
OTHER NAME(S) USED				
ADDRESS				
CITY	STATE	ZIP	EMAIL ADDRESS	
HOME PHONE	CELLULAR PHONE		MESSAGE PHONE	
DESIRED SALARY \$	<input type="checkbox"/> HOURLY <input type="checkbox"/> ANNUALLY		AVAILABLE START DATE	
WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAXIMUM ONE-WAY COMMUTE TIME?		
POSITION DESIRED		MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF A MISDEMEANOR CRIME OF DOMESTIC VIOLENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF "YES", PLEASE EXPLAIN)				
FOR THE PURPOSES OF COMPLIANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT, ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EDUCATION      PLEASE LIST YOUR MOST RELEVANT EDUCATIONAL EXPERIENCE, STARTING WITH THE MOST CURRENT				
DID YOU GRADUATE FROM HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO      IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
SCHOOL NAME (UNIVERSITY, COLLEGE, OR TRADE SCHOOL)		LOCATION		
DIPLOMA, DEGREE OR CERTIFICATE OBTAINED		DATE COMPLETED		
SCHOOL NAME (UNIVERSITY, COLLEGE, OR TRADE SCHOOL)		LOCATION		
DIPLOMA, DEGREE OR CERTIFICATE OBTAINED		DATE COMPLETED		
EMPLOYMENT HISTORY      PLEASE LIST MOST RECENT FIRST.				
COMPANY NAME		START DATE	END DATE	JOB TITLE
LOCATION	SUPERVISOR		PHONE	END SALARY
REASON FOR LEAVING			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

# L O G I N

R E A L E S T A T E

EMPLOYMENT HISTORY CONTINUED....				
COMPANY NAME		START DATE	END DATE	JOB TITLE
LOCATION	SUPERVISOR		PHONE	END SALARY
REASON FOR LEAVING			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME		START DATE	END DATE	JOB TITLE
LOCATION	SUPERVISOR		PHONE	END SALARY
REASON FOR LEAVING			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME	START DATE	END DATE	JOB TITLE	
LOCATION	SUPERVISOR		PHONE	END SALARY
REASON FOR LEAVING			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMPANY NAME	START DATE	END DATE	JOB TITLE	
LOCATION	SUPERVISOR		PHONE	END SALARY
REASON FOR LEAVING			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES LIST NAMES, ADDRESSES AND RELATIONSHIPS OF PERSONS NOT RELATED TO YOU WHO KNOW YOUR QUALIFICATIONS.		
NAME	ADDRESS	PHONE
COMPANY AFFILIATION (IF ANY)	TITLE	RELATIONSHIP
NAME	ADDRESS	PHONE
COMPANY AFFILIATION (IF ANY)	TITLE	RELATIONSHIP
NAME	ADDRESS	PHONE
COMPANY AFFILIATION (IF ANY)	TITLE	RELATIONSHIP

I hereby certify that all entries on both sides and any attachments are true and complete to the best of my knowledge. I understand that all information on this application is subject to verification and I consent to references, former employers, and educational institutions listed being contacted regarding this application. I agree and understand that any falsification of information herein, regardless of time of discovery, may cause discharge if Login Consulting Services, Inc (LCS) employs me. I understand that it may be necessary for LCS to obtain additional information through a credit report and/or background investigation. I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any credit and/or background investigation. Furthermore, I understand that if LCS employs me, my employment would be considered at will and may be terminated by either LCS or myself at any time.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date