| APPLICATION FOR EMPLOYMENT | | | | | | | | | | |
|--|----------------|---------------------------------------|---------------------|--------------|--------------------|---|------------------------|----------------|---------------------------|--|
| Last Name: | | | | First Nan | ne: | | | | | Middle: |
| Other Names Used (to verify emplo | yment/educ | cational history) : | | • | | | • | | | |
| Present Address (No. & Street): | | | | | | | | | | |
| City: | | | State: | | Z | ip Code: | | Email: | | |
| Home Phone: | | | Cell Phone: | | | | | Are You | Over Age 18: | [] YES [] NO |
| Bi-Lingual: [] YES [|] NO | Language(s): | | | | | | | | |
| | | • | - | POS | ITION | INFORM | ATION | | | |
| Position Applied For: | | | | | | Location(s | s) Applied For: | | | |
| Expected Hourly Rate of Pay. Ple | ase do not dis | sclose your current or a | ny prior salary, c | ompensatio | n or rat | e of pay. | | \$ | | |
| Date Available: | | | Need t | o Provide | 2 Wee | ks' Notice | to Current Emp | loyer? |] |] N/A [] YES [] NO |
| Availability: [] MON [|] TUE | [] WED | U [] FRI | [] SA1 | [] | SUN [|] HOLIDAYS | [] AFTER | -HOURS EMERGE | NCIES |
| Number of Hours Per Week Available: Are you Available to Work Required Overtime? [] YES [] NO | | | | | | | | | | |
| Company-Provided Housing as a Condition of Employment: If required by the position for which you have applied, is there anything that would prevent you from residing on the premises and being required to respond to after-hours emergency situations at the property? | | | | | | | | | | |
| If yes, please explain: | eing require | ed to respond to after-i | nours emergen | cy situation | 15 at 11 | ie property? | | | | <u> </u> |
| Are You Able To Perform The Ess | ential Fund | ctions Of This Position | I on Fither With | or Withou | ıt Reas | sonable Ac | commodation: | | | [] YES [] NO |
| If no, please describe the functio | | | | | | | | | | 1 1 125 1 1 10 |
| • | | | ı Act (FEHA) aı | nd the Ame | ericans | with Disabi | ilities Act (ADA). | We consider r | easonable accomm | odation measures that may be necessary for |
| | • | • | | | | | , , | | | ment at careers@buckinghampm.com. |
| If the position for which you are | applying re | quires driving of any | y vehicle as o | ne of the e | ssenti | ial function | s of the job, you | ı must be lice | nsed and insured | in order to hold any position that requires |
| | | | | | (| driving. | | | | |
| DRIVERS LICENSE Number (not S | State identifi | cation #): | | | ls | ssuing Stat | e: | Class: | Expiration Date: | |
| | | | | | | ENT ELIG | | | | |
| If employed, can you produce ver right to work in the United States and to | | • | | | | | are required to pro | duce documents | s that verify their legal | [] YES [] NO |
| Have you previously worked for o | | | | | | | ough an employ | ment agency | ? | [] YES [] NO |
| If so, where? | . пррпоп 10 | P | , company, c | | p | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | If so, when? | | | 1 1 125 1 1 10 |
| Do you have any family members | who work | for this Company: | | | | | ii oo, iiiioiii | | ES [] NO | |
| If so, who? | | , , , , , , , , , , , , , , , , , , , | | | | | If so, where? | | | |
| Do you have any family members | who lease | from this Company: | | | | | | | ES [] NO | |
| If so, who? | | , , | | | | | If so, where? | | | |
| Have you ever initiated an act of v | violence in y | your workplace: | | [] | YES | [] NO | Describe: | | | |
| EDUCATION | Name/Location | | | | Certificate/Degree | | | arned | | Did You Graduate? |
| High School: | | | | | | | | | [] YES [] NO | |
| Trade School: | | | | | | | | | | [] YES [] NO |
| College: | | [] YES [] NO | | | | | | | | |
| ALL EMPLOYMENT H | ISTORY & | PERIODS OF UNE | MPLOYMEN | T FOR TH | IE LA | ST 5 YEA | RS (No Matter | How Short i | n Duration or Rel | levant to Position Applied For) |
| Starting with your most recent empl | oyer, list bel | | | | | | | | | aining; school attendance; volunteer positions |
| and/or any other circumstances leading to gaps in employmen | | | | | mployment. | | | | | |
| Company Name: | | | | | | | End Date or Current: | | | |
| Property Name (if applicable): | | | | | Start Date: | | | | | |
| Company Address: | | | | | | | la | | 1 | |
| Job Title: | | | | | | | Corporate Pho | | | |
| Supervisor Name: | | | | | | | Supervisor Title: | | | |
| Reason for Leaving | | | | | | [] VOLUNT | | IVOLUNTARY | T | |
| May we contact this employer and | d/or supervi | isor to verify your er | nployment? | | | | [] YES | [] NO | If no, why not? | |
| Company Name: | | | | | | | End Date: | | | |
| Property Name (if applicable): | | | | | | | Start Date: | | | |
| Company Address: | | | | | | | 0 Db | | I | |
| Job Title: | | | | | | | Corporate Pho | | | |
| Supervisor Name: | | | | | | | Supervisor Tit | | IVOLUNTARY | |
| Reason for Leaving | Var auparvi | ioor to verify your or | mplovmont? | | | | [] VOLUNT | | IVOLUNTARY | Γ |
| May we contact this employer and Company Name: | aror supervi | isor to verify your er | inproyment? | | | | [] YES End Date: | [] NO | If no, why not? | 1 |
| Property Name (if applicable): | | | | | | | Start Date: | | | |
| Company Address: | | | | | | | Start Date. | | | |
| Job Title: | | | | | | | Corporate Pho | ne' | | |
| Supervisor Name: | | | | | | | Supervisor Tit | | | |
| Reason for Leaving | | | | | [] VOLUNT | | <u> </u> Voluntary | | | |
| May we contact this employer and | d/or supervi | isor to verify your er | mplovment? | | | | [] YES | | If no, why not? | |
| Joinade and omployer and | Jakoi A | Jour Ci | | | | | L 15 | , , | II IIO, WIIY HOLE | Ī |

| APPLICATION FOR EMPLOYMENT | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| | | CERTIFICATES, LICENSES AND PROPERTY MANAGEMENT EXPERIENCE | | | | | | | |
| List Certificat | tes: | | | | | | | | |
| List Licenses | : | [] Real Estate License State License Issued: | | | | | | | |
| Please check | which of the | [] Tax Credit [] HOME [] USDA Rural Development [] HUD [] YARDI | | | | | | | |
| following you | ı have experience: | [] CA Landlord/Tenant [] Fair Housing [] Microsofit Office Suite [] ADP | | | | | | | |
| | | PERSONAL REFERENCES: For Applicants Who Have Been Self-Employed ONLY | | | | | | | |
| Persons whom you have known for at least five (5) years and who have personal knowledge of your work skills and history. | | | | | | | | | |
| Mana | | not include any relative unless the relative was your employer or manager and is so identified. | | | | | | | |
| Name | | Relationship | | | | | | | |
| Company | | Phone Years Known | | | | | | | |
| Address | | | | | | | | | |
| Name | | Relationship Phone | | | | | | | |
| Company Address | | Years Known | | | | | | | |
| | | Relationship | | | | | | | |
| Name | | Phone | | | | | | | |
| Company Address | | Years Known | | | | | | | |
| Address | | | | | | | | | |
| r 1 | I haraby authoriza DI | DISCLOSURES AND AUTHORIZATIONS: Please Read Carefully, Initial Each Paragraph and Sign Below | | | | | | | |
| l 1 | | ICKINGHAM PROPERTY MANAGEMENT, and its representatives, to thoroughly investigate my employment history, work experience, education, references, any tendency rin an unsafe, harmful or threatening manner and other matters related to my suitability for employment (excluding criminal background information until after an offer of | | | | | | | |
| | | n made to me). I further authorize my current or former employers and references I have listed in this application for employment to disclose to BUCKINGHAM PROPERTY | | | | | | | |
| | MANAGEMENT any | and all letters, reports and other information related to my employment history, work experience and/or work records, without giving me prior notice of such disclosure. In | | | | | | | |
| | • | ase BUCKINGHAM PROPERTY MANAGEMENT, my current and former employers, educational institutions, sources of certification or licensing, and governmental/judicial | | | | | | | |
| | | but not limited to, backgroudn check vendors, the Social Security Administration and Department of Motor Vehicles) and all other persons, corporations, partnerships and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. | | | | | | | |
| [] | | ny and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. Ilsification (including misrepresentation or omission of facts, including but not limited to omission of current or former employers) may result in immediate removal of my | | | | | | | |
| | application from cons | ideration or may be considered sufficient justification for withdrawal of any offer of employment or termination of employment arising from this application regardless of when | | | | | | | |
| | | ion, misrepresentation or omission is discovered. | | | | | | | |
| L J | | I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and BUCKINGHAM PROPERTY MANAGEMENT. In addition, I understand that if I am employed, my employment is at-will which means that my employment is for no | | | | | | | |
| | definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or BUCKINGHAM PROPERTY MANAGEMENT, and that | | | | | | | | |
| | | resentations contrary to the foregoing are binding on BUCKINGHAM PROPERTY MANAGEMENT unless made in writing and signed by me and BUCKINGHAM | | | | | | | |
| | PROPERTY MANAG | | | | | | | | |
| [] | I understand that I cannot rely upon a conditional offer of employment from BUCKINGHAM PROPERTY MANAGEMENT, or otherwise engage in any activity based upon a conditional offer of | | | | | | | | |
| | employment. Unless or until an offer of employment is made that has no conditions, I will not take any action that could result in financial loss if a conditional offer is withdrawn, such as giving notice of intent to terminate my current employment, selling real estate, terminating housing, or incurring any other costs associated with accepting employment with BUCKINGHAM PROPERTY | | | | | | | | |
| | MANAGEMENT. No | such activity will be undertaken until after I have been informed by BUCKINGHAM PROPERTY MANAGEMENT that any such employment offer is no longer conditional. | | | | | | | |
| [] | · · | deral law, I understand that all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility form upon hire | | | | | | | |
| [] | verification document form upon hire. I understand that understand that BUCKINGHAM PROPERTY MANAGEMENT may share the information contained in this application with other BUCKINGHAM PROPERTY | | | | | | | | |
| | | ANAGEMENTemployees for employment and administrative purposes. | | | | | | | |
| [] | I agree that BUCKINGHAM PROPERTY MANAGEMENT may contact me at any phone number I have provided in order to communication information relating to my application for employment, | | | | | | | | |
| | background screening, future job opportunities, or for employment-related purposes if I am offered employment with BUCKINGHAM PROPERTY MANAGEMENT. This includes communications to cell phones and other mobile or wireless devices, as well as contact by live operator, auto dialer, recorded or artificial voice, or text. I understand these communications are for my | | | | | | | | |
| | convenience and do not constitute compensable time. lunderstand that my consent is not a condition of employment. | | | | | | | | |
| [] | | rstand that an offer of employment is conditioned upon complying with BUCKINGHAM PROPERTY MANAGEMENT's hiring requirements including, but not limited to, signing a separate, lone disclosure and consent form before any background investigation in compliance with federal, state, and local laws. | | | | | | | |
| [] | | CKINGHAM PROPERTY MANAGEMENT considers applications for employment for only a 30-day period. If I wish to be considered after 30 days from the date of my | | | | | | | |
| | | and that I must reapply. | | | | | | | |
| [] | | CKINGHAM PROPERTY MANAGEMENT is FULLY COMMITTED TO FRAUD PREVENTION AND DETECTION and therefore relies upon the employees it hires in | | | | | | | |
| 1 1 | | on that commitment t, if employed, I would be expected to report to my immediate supervisor, any District Supervisor, the Director of Property Management, the Chief Financial Officer, or the | | | | | | | |
| | | ever subjected to harassment, discrimination, retaliation or other prohibited conduct, or if I ever become aware of any unethical behavior by any employee. | | | | | | | |
| APPLICANT'S CERTIFICATION | | | | | | | | | |
| DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE DISCLOURES AND AUTHORIZATIONS. If you have any questions regarding this Certification, please discuss with a representative of BUCKINGHAM PROPERTY MANAGEMENT before signing. | | | | | | | | | |
| I HEREBY CERTIFY THAT I have not withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct. I understand that any | | | | | | | | | |
| falsification, misrepresentation or omission on this application or on any document used to secure employment shall be grounds for rejection of this application, withdrawal of an offer of employment, or for immediate termination if I am employed, regardless of the time elapsed before discovery. MY SIGNATURE MEANS THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS. | | | | | | | | | |
| Signature | an omplo | Date | | | | | | | |
| o ignature | | | | | | | | | |
| We Are An Equal Opportunity Employer | | | | | | | | | |
| ∣∪ur policy is t | o till every position wi | thout regard to considerations made unlawful by federal, state or local law or ordinance or regulation, such as race (including hair texture and protective hairstyles), color, | | | | | | | |

national origin, ancestry, religion (including religious dress and grooming practices), sex/gender (including pregnancy, childbirth, breastfeeding or related medical conditions), sex stereotype, gender identity/gender expression/transgender and sexual orientation, reproductive health decision-making, physical or mental disability, medical condition, genetic information/characteristics, marital status/registered domestic partner status, age (40 and over), military or veteran status, use of cannabis/marijuana off the job and away from the workplace.

tic parties status, age (40 and over), military or veteral status, use of carmadis/marijuana on the job and away nor the workplace.