



11835 Fishing Point Drive Suite 101
Newport News, VA 23606
Ph. (757) 599-3335 · Fax (757) 873-3299

Connected to Your Past -
Committed to Your Future
Est. 1946

Property Management · Commercial Leasing · Sales · Appraisals · Community Association Management

EMPLOYMENT APPLICATION

We are an equal opportunity employment company, dedicated to a policy of nondiscrimination in employment on any basis, including race, creed, color, age, sex, religion, handicap or national origin.

Date _____

(PLEASE PRINT)

PERSONAL INFORMATION:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Social Security Number _____

Referred by _____

CRIMINAL HISTORY

Have you ever been convicted of or pleaded "no contest" to a felony, whether or not resulting in conviction? () Yes () No

Have you ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct, whether or not resulting in a conviction? () Yes () No

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary desired _____

Are you currently employed? _____ If so, may we contact your employer? _____

Have you ever applied to this company before? _____ Where _____ When _____

Education

	Name and Location of School	Years Attended	Date Graduated	Subjects Studied
Grammar School				
High School				
College				
Other (specify)				

Subjects of special study or research work _____

Activities (civic, athletic, fraternal, etc.) Exclude organizations whose name or character indicates the race, creed, color, age, sex, religion, handicap or national origin of its members.

EMPLOYMENT APPLICATION

Former Employers (List former employers, starting with the most recent)

Month and Year	Employer: Name, Address, Phone and Supervisor	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

References (Give names of two persons not related to you whom you have known at least one year)

1. Name _____ Years Acquainted _____

Address _____

Business _____ Phone _____

2. Name _____ Years Acquainted _____

Address _____

Business _____ Phone _____

Nearest Relative _____

Relative's Address _____

Person to contact in the event of an emergency:

Name _____

Address _____ Phone _____

I authorize investigation and confirmation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for denial of employment.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interviewed by _____ Date _____

Remarks _____



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FAIR CREDIT REPORTING ACT AUTHORIZATION FORM

CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with Abbitt Management, LLC or as a condition of my continued employment with Abbitt, Abbitt may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Abbitt's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Abbitt will provide me with information as to how to obtain a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with Abbitt. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____

Applicant's Date of Birth _____



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EMPLOYMENT VERIFICATION

To Whom It May Concern:

The applicant named below is being considered for employment as _____ with our Company.

The applicant has listed you or your organization as a former place of employment. In accordance with the release signed by the applicant below, please provide the information requested and return this form to us.

Very truly yours,

Name of Applicant: _____

Soc. Sec. No.: _____

Name of Former Employer: _____

APPLICANT'S AUTHORIZATION

I hereby authorize the above individual, company, or institution to furnish Abbitt Management, LLC with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including Abbitt, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Signature of Applicant

Date

RECORD OF EMPLOYMENT

Date(s) of Employment: _____

Position(s) Held: _____

Reason Employment Ended: _____



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DRUG TESTING POLICY DISCLOSURE AND CONSENT FORM

POLICY

All new employees will be hired subject to passing a drug test prior to the date of employment. Any applicant who tests positive for illegal use of drugs will not be hired. Any applicant who refuses to submit to a drug test or who interferes with the test will not be hired. An applicant who has received a tentative job commitment from Abbitt Management LLC will have the opportunity, prior to testing at the lab, to list all prescriptions and non-prescription drugs used and their purpose during the last 30 days. Applicants subject to testing must sign, prior to testing, an approved form consenting to the testing and consenting to the release of test results to the designated official.

CONSENT FORM

As an applicant for a position of employment with Abbitt Management LLC I hereby consent to a test for the presence of illegally used substances in my body. I understand that should the presence of any illegally used substance be detected and confirmed, I will not be hired. I also understand that should I refuse to be tested in accordance with the above policy or if I interfere with the test, I will not be hired. I also consent to the release of these test results to a designated company official and agree to hold Abbitt Management LLC harmless from any such releases provided for hereby.

Signature of Applicant or Employee Date

Printed Name of Applicant or Employee