

An Equal Opportunity Employer

## Mission Statement

- To provide high quality affordable housing
- To maintain high level of ethics and integrity
- To be effectively and efficiently responsive to the needs of our clients, residents, Government agencies, funding sources and Team Members
- To create a working environment where Team Members are comfortable and open with co-workers, and challenged professionally so that they are proud of and enjoy their work.

## Please Print

\_\_\_\_\_  
Date                      Last Name                      First Name                      M

## Current address

\_\_\_\_\_  
Number and Street                      City                      State                      Zip Code

## Permanent address (if different from current address)

\_\_\_\_\_  
Number and Street                      City                      State                      Zip Code

\_\_\_\_\_  
Best phone number to contact you                      Email address

## Employment desired

Position you are applying for: \_\_\_\_\_ Salary required: \$ \_\_\_\_\_

Are you applying for:

- Regular full-time work?                      Yes   No  
Regular part-time work?                      Yes   No  
Temporary work, e.g., summer or holiday work?                      Yes   No

What days and hours are you available to work? \_\_\_\_\_

If applying for temporary work, indicate what period of time. \_\_\_\_\_ to \_\_\_\_\_

Are you available for work on weekends?                      Yes   No

Would you be available to work approved overtime, if necessary?                      Yes   No

Are you able to travel if the job requires it?                      Yes   No

If hired, what date can you start work? \_\_\_\_\_

What is the best time to contact you via phone? \_\_\_\_\_



## Personal Information

How did you hear about our company and this job opening? \_\_\_\_\_

Have you ever applied to or worked for Solari Enterprises Inc.? Yes No

If yes, when? \_\_\_\_\_

Why are you applying for work at Solari Enterprises, Inc.? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed. \_\_\_\_\_

Solari Enterprises, Inc. complies with the ADA and considers all reasonable accommodation measures that may be necessary for eligible applicants / team members to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.)

Solari Enterprises, Inc. may refuse to hire relatives of present team members if doing so could result in actual or potential problems in supervision, security, safety, morale, or if doing so could create conflicts of interest.

## Education, Training, and Experience

Educational Institute	Name and Address	# of years completed	Did you graduate?	Degree or Diploma
High School				
College / University				
Vocational / Business				
Training / Certificates				

Do you have any other experience, training, qualifications, or skills you feel make you especially suited for the position in which you are applying? Yes No

If yes, please explain: \_\_\_\_\_

# Employment Application

Do you hold a license from a State or Federal Office? Yes No  
 Type: \_\_\_\_\_ Number: \_\_\_\_\_ Issuing state: \_\_\_\_\_

Has your license ever been revoked or suspended? Yes No  
 If yes, state reason(s), date of revocation or suspension, and date of reinstatement: \_\_\_\_\_

## Industry Related Education

Course Provider	Course(s) Studied	Course date(s)	Did you complete?

Specialized Skills for Applied Job Title: (Check all that apply)

- |                                       |  |                                      |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> HUD Programs | <input type="checkbox"/> Excel               | <input type="checkbox"/> Welding     |
| <input type="checkbox"/> Section 8    | <input type="checkbox"/> Microsoft Office    | <input type="checkbox"/> Electrical  |
| <input type="checkbox"/> Section 42   | <input type="checkbox"/> TRACS               | <input type="checkbox"/> Plumbing    |
| <input type="checkbox"/> Fair Housing | <input type="checkbox"/> EIV                 | <input type="checkbox"/> Drywall     |
| <input type="checkbox"/> Yardi        | <input type="checkbox"/> Accounts Payable    | <input type="checkbox"/> Janitorial  |
| <input type="checkbox"/> HOA          | <input type="checkbox"/> Accounts Receivable | <input type="checkbox"/> Other _____ |

## Employment History

Starting with your most recent employer and going back ten (10) years, complete the following information. If needed, attach an additional page. This section must be completed even if a resume is provided.

\_\_\_\_\_  
 Name of Current Employer Phone Number

\_\_\_\_\_  
 Type of Business Your Supervisor's Name

\_\_\_\_\_  
 Number & Street City State Zip Code

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Compensation amount: Hourly Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_  
Annually Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

# Employment Application

Current responsibilities and duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer for a reference?  Yes  No

\_\_\_\_\_  
Name of Prior Employer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_

Compensation amount:  Hourly Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Annually Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Responsibilities and duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer for a reference?  Yes  No

\_\_\_\_\_  
Name of Prior Employer

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_

Compensation amount:  Hourly Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Annually Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_



Responsibilities and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

\_\_\_\_\_  
Name of Prior Employer Phone Number

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Number & Street City State Zip Code

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_

Compensation amount:  Hourly Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_  
 Annually Starting \$ \_\_\_\_\_ Ending \$ \_\_\_\_\_

Responsibilities and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

## Professional References

List four (4) persons not related to you, whom have knowledge of your work performance within at least the past three (3) years.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Number of Years Acquainted

\_\_\_\_\_  
Name

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Number of Years Acquainted

\_\_\_\_\_  
Name

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Number of Years Acquainted

\_\_\_\_\_  
Name

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Number of Years Acquainted

## Notice to Prospective Team Members

As part of the Solari Enterprises, Inc. Drug Abuse Policy, any offer of employment is contingent upon passing a pre-employment drug testing of urine for illegal drugs. Solari Enterprises, Inc. will not discriminate against applicants for employment because of a past history of drug abuse. Therefore, individuals who fail a pre-employment test may initiate another inquiry with the company after a period of no less than six (6) months, but must present themselves drug-free.

Upon hire, all applicants' social security numbers will be submitted via internet to our Basic Pilot Program. The Social Security Administration and the Immigration and Naturalization Services (INS) will verify your identity and employment eligibility.

Team Members who drive on behalf of Solari Enterprises, Inc. are to be licensed in the State of California and will have their Driver's License number submitted to the California Department of Motor Vehicles through the Employer Pull Program. Solari Enterprises, Inc. will be supplied with periodic reports indicating whether the Team Member's Driver's License is valid, whether a Team Member has received a motor vehicle code violation or if your driver's license has been suspended or is expired. Team Members are required to submit proof of auto insurance and to provide Human Resources with all subsequent renewals.

The information requested below is necessary for the specific position for which you are applying. A "yes" answer will not necessarily disqualify you from the position. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

All information regarding criminal history will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

(Please do not list misdemeanor convictions for marijuana-related offenses that are more than two (2) years old, or infractions, records relating to diversion programs, or convictions that have been judicially dismissed, expunged or ordered sealed pursuant to law.)

If yes, state nature of the conviction(s), when and where convicted, disposition of the case and any additional information you believe to be relevant. \_\_\_\_\_

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**Please read carefully and initial where indicated and sign below.**

\_\_\_\_\_  
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials

I hereby authorize Solari Enterprises, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to this company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release this company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

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 this company. In addition, I understand and agree that if I am employed, 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 this company, and that no promises or representations contrary to the foregoing are binding on this company unless made in writing and signed by me and this company's designated representative.

\_\_\_\_\_  
Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_  
Initials

Should a search of public records be conducted by internal personnel employed by this company, I am entitled to copies of any such public records obtained by this company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. "Public records" are defined by California state law and means records documenting an "arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment." (Civil Code section 1786.53). Any public records request conducted by internal personnel employed by this company will only be used to the extent allowed by federal, state, or local law.

I request of a copy of any public record described in the paragraph above.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date



The following is to only be completed by Solari Enterprises, Inc.'s designated persons:

Location: \_\_\_\_\_

Position: \_\_\_\_\_

Hourly pay rate: \$ \_\_\_\_\_

Start date: \_\_\_\_\_

Unit included? \_\_\_\_\_

Unit value: \$ \_\_\_\_\_

Initial interview by: \_\_\_\_\_

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

Dept. Head review: \_\_\_\_\_

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

Second interview by: \_\_\_\_\_

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

**Human Resources:**

New hire documents: \_\_\_\_\_

Pilot passed: \_\_\_\_\_

DMV pull: \_\_\_\_\_

References: \_\_\_\_\_

B/G check date: \_\_\_\_\_

Drug test outcome: \_\_\_\_\_