



Margaret Rudd & Associates, Inc., REALTORS will provide equal employment opportunities to all applicants without regard to an applicant's race, color, religion, sex, national origin, age, citizenship, sexual preference/orientation, marital status, veteran status, disability, or any other status protected by law. MRA will provide reasonable accommodation to allow an applicant to participate in the hiring process (i.e., accommodations for a test or job interview) if so requested. When completing this application, you may exclude information that would disclose or otherwise reference any protected status mentioned above or any other status protected by law.

*PLEASE PRINT USING BLACK OR BLUE INK – COMPLETE ALL SECTIONS*

GENERAL INFORMATION				
Last Name		First Name		Middle Initial
Home Address		City	ST	Zip Code
Home Telephone No.		Mobile Telephone No.		Email Address
Social Security #		Date of Birth		Position Applying for:
<b>All offers are conditional upon your ability to provide evidence of your right to be legally employed.</b>				
Are you authorized to work in the United States? Yes___ No___      Have you ever been convicted of a crime? Yes___ No___				
If "Yes" to question above, please list convictions and dates*: _____				
JOB INFORMATION				
What is your available start date? _____		Check Days Available: M___ T___ W___ Th___ Fr___ Sat___ Sun___		
Are there hours or days you are unavailable to work? Yes___ No___		Please list: _____		
Are you willing to work weekends? Yes___ No___		Do you have reliable transportation? Yes___ No___		
Please list any special skills or relevant experience: _____				
_____				
EXPERIENCE & REFERENCES				
Present or Most Recent Reference/Employer				
Address		City	ST	Zip Code
Telephone		Supervisor's Name		Supervisor's Title
Position		Dates of Employment		Reason for Leaving
May we contact employer?				
Reference/Employer #2				
Address		City	ST	Zip Code
Telephone		Supervisor's Name		Supervisor's Title
Position		Dates of Employment		Reason for Leaving
May we contact employer?				
Reference/Employer #3				
Address		City	ST	Zip Code
Telephone		Supervisor's Name		Supervisor's Title
Position		Dates of Employment		Reason for Leaving
May we contact employer?				

Upon signing below, you recognize that MRA reserves the right to perform a background check at any time if/when deemed necessary. Your signature on this document confirms that the answers given on this document are true and correct to the best of your knowledge.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Application Received/Reviewed By: \_\_\_\_\_

Application Received/Reviewed Date: \_\_\_\_\_