



Personal Qualification Record and Employment Application

Thank you for applying to the **Brother's Property Management Corporation**, doing business as the **Charleston Harbor Resort & Marina** ("the Company"). We are an equal opportunity employer. We comply with all applicable federal, state and local laws pertaining to non-discrimination in the workplace.

We will endeavor to make a reasonable accommodation to the known physical and mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of the business. If you believe you require such assistance to complete this form or to participate in an interview or otherwise in the application process, please let us know.

Whether or not you have to provide some information on this application and/or the scope of what you provide depends on the LOCATION (State) of the job you are applying for. Various state-specific directions appear in some sections of this application and related forms. If something is unclear to you, ask a Company contact for guidance.

Personal Information

Today's Date _____		Position Applying For _____	
Last Name _____	First Name _____	Middle Initial _____	
Street Address _____			
City _____	State _____	Zip Code _____	
County _____			
Mobile Number _____	Alternate Number (if none, write N/A) _____		
		Yes	No
Are you legally authorized to work in the United States?		<input type="checkbox"/>	<input type="checkbox"/>
Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identities and authorization for employment in the United States. These documents must be produced no later than 72 hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form I-9.			
If you answered yes to the above question, will you now or in the future require employment visa sponsorship?		<input type="checkbox"/>	<input type="checkbox"/>
Social Security Number _____		Email Address _____	
Have you ever worked for our company before?		<input type="checkbox"/>	<input type="checkbox"/>
Names of any friends or relatives employed with our company _____			
Specify type of work desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Days and/or hours _____			
Date Available _____		Salary desired _____	

Education and Training

Yes

No

No specific educational requirements are imposed for employment purposes.

School Type _____	School Name _____		
City _____	State _____	Last Grade Completed _____	
Graduated? _____		<input type="checkbox"/>	<input type="checkbox"/>
Diploma Or Degree Received _____	Major _____	Grade (GPA) _____	
School Type _____	School Name _____		
City _____	State _____	Last Grade Completed _____	
Graduated? _____		<input type="checkbox"/>	<input type="checkbox"/>
Diploma Or Degree Received _____	Major _____	Grade (GPA) _____	

Training/courses/seminars attended that would complement position applying for:

List any licenses or certificates earned which may be related to the position sought:

Employment**Instructions for completing this section: Please list all prior employers, beginning with your PRESENT or MOST RECENT employer. Please make attachments to this application if necessary. Complete all requested information in full. Include service while in the military.**

Name Worked Under If Different From Current Name _____		
Employer's Name _____		
Dates of Employment From _____	Dates of Employment To _____	
Employer's Address _____		
City _____	State _____	Zip Code _____
Supervisor's Name _____		
Supervisor's Title _____	Employer's Phone Number _____	
Position Title _____		
Duties (brief description) _____		
Reason for Leaving _____		
Name Worked Under If Different From Current Name _____		
Employer's Name _____		
Dates of Employment From _____	Dates of Employment To _____	
Employer's Address _____		
City _____	State _____	Zip Code _____
Supervisor's Name _____		
Supervisor's Title _____	Employer's Phone Number _____	
Position Title _____		
Duties (brief description) _____		
Reason for Leaving _____		

Employment Continued

Name Worked Under If Different From Current Name _____

Employer's Name _____

Dates of Employment From _____ Dates of Employment To _____

Employer's Address _____

City _____ State _____ Zip Code _____

Supervisor's Name _____

Supervisor's Title _____ Employer's Phone Number _____

Position Title _____

Duties (brief description) _____

Reason for Leaving _____

Yes **No**

Is there any reason why we should not contact any current or former employer for a reference or to get information about your job performance?

Current Employer ☐ ☐

Former Employer ☐ ☐

If you responded yes to either or both, identify the employer(s) and explain why not:

Massachusetts Applicants: Note that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Maryland Applicants: Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

Certification By Applicant Please Read Carefully and Provide Signature Below

1. I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application, or if I am hired, will be cause for immediate termination.
2. Unless I noted otherwise, I authorize the Company to contact all my employment references, the education institutions I have attended and other resources that have information to authenticate the responses I made in this application. I further authorize the Company to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions. I hereby release the Company and all affiliated persons and entities, as well as any person or institution that provides the Company with any lawful information about me, from any and all liability resulting from any such lawful inquiry, investigation or communication.
3. If hired, I agree to abide by all of the lawful rules and policies of the Company.
4. I understand and agree that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. If hired, I understand that my employment may be terminated with or without cause and with or without any notice at any time, at the will of the Company or me. I further understand that no representative or agent of the Company has the authority to enter into any agreement for employment for any specific period of time, or to make an agreement contrary to the foregoing.
5. I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment.

Certification By Applicant Please Read Carefully and Provide Signature Below *Continued*

6. I understand that any hiring decision is contingent upon my successful completion of all of the Company's lawful pre-employment checks, which may include a background check and drug test. I agree to execute any consent forms necessary for the Company to conduct its lawful pre-employment checks.
7. The employment process may include skills testing for certain purposes.

A copy of my authorization bearing my correct signature has the same force and effect as the original.

☐ **Signature** (checking the checkbox above is equivalent to a handwritten signature)

Post-Job Offer Drug Screen Test**OVERVIEW**

Brother's Property Management Corporation and its subsidiaries (The Company) want to maintain safe, healthful and efficient working conditions for their employees. It is also the Company's intent to protect company property, equipment and operations.

With these as objectives, the Company has established the Post-Job Offer Drug Screen Test (the Test). The Test is given to an applicant to determine if illegal drugs have been taken. Job offers are contingent upon the Company's receipt of satisfactory results from the Test. Positive results will mean that an applicant is not hired.

By signing the Release Form that appears below, you authorize the Company to proceed with the Test. Failure to complete the Release Form and successfully pass the Test will result in the withdrawal of your job offer.

If you have any questions about the Test or this policy, please contact the Human Resources Representative where you have submitted your application.

CONSENT AND RELEASE FORM

As a condition for the job offer with the Company, I know that I must take the Test and that the results must be satisfactory. I consent to taking the Test.

I authorize the testing agent to provide the results to the Company.

I also understand, if hired, I may be required to submit additional drug tests as outlined in Company policy.

Position Applied For _____ Applicant's Name _____

☐ **Signature** (checking the checkbox above is equivalent to a handwritten signature)

Disclosure of Intent To Obtain Consumer Reports and/or Investigative Consumer Reports

Please be advised that the Company may use a consumer reporting agency to obtain a consumer report or investigative consumer report ("Report") as part of the hiring process. Further, please be advised that if you are hired, to the extent permitted by law, the Company may obtain further Reports from a consumer reporting agency so as to update, renew, or extend your employment.

The Report or Reports provided by a consumer reporting agency may include information regarding your character, general reputation, personal characteristics and standard of living.

You may request further information from the Company regarding the scope of any requested investigative consumer report as well as a copy of the Fair Credit Reporting Act (FCRA) summary of rights.

Consent to Request Consumer Report/Investigative Consumer Information

I understand that Brother's Property Management Corporation (the "Company") will request Asurint (1501 Euclid Avenue, Cleveland, OH 44115, 1-800-906-2035,) to investigate and verify my background by asking for a consumer report. The website address from which the consumer reporting agency's privacy statement can be accessed is www.asurint.com. This background investigation will be done for an employment purpose only. If I am hired, I understand that at any time during my employment, the Company may subsequently request a consumer reporting agency to obtain further reports, and such a request will only be made for an employment purpose and consistent with applicable state law.

Disclosure of Intent To Obtain Consumer Reports and/or Investigative Consumer Reports *Continued*

I understand a consumer reporting agency's investigation may include obtaining information covering: (1) the last seven years regarding my references, character, past employment, work habits, education, general reputation, personal characteristics, mode of living, civil judgments, liens, and driving history; (2) any information about my criminal conviction background consistent with federal and state law; and (3) the last ten years regarding bankruptcies.

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

For Massachusetts Applicants/Employees Only: I have the right to request a copy of my consumer report from the consumer reporting agency by checking the box below. If I check the box, the Company will request the consumer reporting agency to directly mail to me a copy of the requested consumer report. *(As noted above in CA this type of report may be referred to as an investigative consumer report.)*

☐ I wish to receive a copy of my consumer report. *(Check box only if you wish to receive a copy.)*

I also understand that before I am denied employment or the continuation of my employment is denied based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act and my rights under Washington and Massachusetts law, if applicable.

I understand if I disagree with the accuracy of any information in the report, I must notify the Company within five business days of my receipt of the report. If I notify the Company within five business days of the receipt of the report that I am challenging information in the report, the Company will not make a final decision on my employment status until after I have had a reasonable opportunity to address the accuracy of the information contained in the report.

I hereby consent to this investigation and authorize the Company to request reports on my background as stated above from the consumer reporting agency.

☐ **Signature** *(checking the checkbox above is equivalent to a handwritten signature)*

Summary of Your Rights Under the Massachusetts Consumer Credit Reporting Act

You have the right to obtain a free copy of your credit file from a consumer credit reporting agency. You may be charged a reasonable fee not exceeding eight dollars. There is no fee, however, if you have been turned down for credit, employment, insurance, or rental dwelling because of information in your credit report within the preceding sixty days. The consumer credit reporting agency must provide someone to help you interpret the information in your credit file. Each calendar year you are entitled to receive, upon request, one free consumer credit report.

You have a right to dispute inaccurate information by contacting the consumer credit reporting agency directly. However, neither you nor any credit repair company or credit service organization has the right to have accurate, current, and verifiable information removed from your credit report. In most cases, under state and federal law, the consumer credit reporting agency must remove accurate, negative information from your report only if it is over seven years old, and must remove bankruptcy information only if it is over ten years old.

If you have notified a consumer credit reporting agency in writing that you dispute the accuracy of information in your file, the consumer credit reporting agency must then, within thirty business days, reinvestigate and modify or remove inaccurate information. The consumer credit reporting agency may not charge a fee for this service. Any pertinent information and copies of all documents you have concerning a dispute should be given to the consumer credit reporting agency.

If reinvestigation does not resolve the dispute to your satisfaction, you may send a statement to the consumer credit reporting agency to keep in your file, explaining why you think the record is inaccurate. The consumer credit reporting agency must include your statement about the disputed information in a report it issues about you.

You have a right to receive a record of all inquiries relating to a credit transaction initiated in the six months preceding your request, or two years in the case of a credit report used for employment purposes. This record shall include the recipients of any consumer credit report.

You have the right to opt out of any pre-screening lists compiled by or with the assistance of a consumer credit reporting agency by calling the agency's toll-free telephone number or contacting the agency in writing. You may be entitled to collect compensation, in certain circumstances, if you are damaged by a person's negligent or intentional failure to comply with the provisions of the credit report act.