



3105 1st Street South • St. Cloud, MN 56301 • (320) 240-8188 • Fax: (320) 240-8081 • www.jjsproperty.com

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

(Please Print)

Position Applying for:

Last Name	First Name	Middle Name
Address		City
		State
		Zip Code
Telephone Number	Email Address	Social Security #

Are you 18 years of age or older?	Yes	No
Have you ever filed an application with us before?	Yes	No
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	Yes	No
<small>(Proof of citizenship or immigration status will be required upon employment)</small>		
Are you currently on "lay off" status and subject to recall?	Yes	No
Have you ever been convicted of a crime?	Yes	No
If so when and what? _____		
Have you lived in Minnesota for the past 10 years?	Yes	No
On what date would you be able to start? _____		
Are you able to work (circle one): _____	Full Time, Part Time, Temporary	

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicated race, color, religion, gender, national origin, disabilities or other protected status.

Current or Most Recent job:

Employer	From	To	Position
Address			
Telephone Number	Hourly Rate/Salary		
Job Title	Supervisor		
Reason for Leaving			

Previous job:

Employer	From	To	Position
Address			
Telephone Number	Hourly Rate/Salary		
Job Title	Supervisor		
Reason for Leaving			

Previous job:

Employer	From	To	Position
Address			
Telephone Number	Hourly Rate/Salary		
Job Title	Supervisor		
Reason for Leaving			

ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related skills, training, and qualifications acquired from employment or other experiences that would be an asset to this position:

Applicants Signature

Date

CRIMINAL BACKGROUND CHECK CONSENT FORM

A local records check of the Police Department/Sheriffs Department and a search of the Minnesota State Criminal Records and or the Federal Bureau of Investigations Criminal Justice Information files will be performed on you pursuant with the lease agreement of the apartment complex to which you are applying. By signing this form you are allowing agencies to release the criminal data maintained in those files, which applies under Statues & Ordinance.

1. You have the right to be informed that JJS Property Management is requesting a criminal background check to determine if you have been convicted of a crime specified in Section 299.67, sub.2
2. You have the right to be informed by JJS Property Management of the results of a criminal background check and to obtain a copy of the results.
3. You have the right to obtain from the Police Department/Sheriff's Department and or The Bureau of Criminal Apprehension, any records that forms the basis for the report obtained.
4. You have the right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, sub4.
5. You have the right to be informed by JJS Property Management if your application for acceptance has been denied because of the results of this background check.

Applicant Information - Please print clearly

Last name _____ First name _____ Middle name _____

Have you ever been known by another name? (maiden, aliases) _____

Date of birth _____ Gender: Male ___ Female ___ Race: _____

Driver Lic.# _____ State: _____ Social Security # _____

Current Address _____ Apt# _____ City _____ State & Zip _____ County _____

Prior address _____ Apt# _____ City _____ State & Zip _____ County _____

Have you lived in Minnesota for at least the past 10 years? Yes ___ No ___ If no, what state(s)? _____

This release shall be effective for one (1) year from the date signed.

Applicant Signature

Date

Spouse Information - Please print clearly

Last name _____ First name _____ Middle name _____

Have you ever been known by another name? (maiden, aliases) _____

Date of birth _____ Gender: Male ___ Female ___ Race: _____

Driver Lic.# _____ State: _____ Social Security # _____

Have you lived in Minnesota for at least the past 10 years? Yes ___ No ___ If no, what state(s)? _____

This release shall be effective for one (1) year from the date signed.

Spouse Signature

Date

Subscribed and sworn before me on this
_____ day of _____ 20__

Notary Public