Mutual Management Company
Employment Application

Mutual Management Company is an equal opportunity employer. It is our policy that all applicants be considered solely based on qualifications and ability without regard to race, religion, sex, national origin, age, marital, veteran status, disability or any other characteristic protected by local, state, or federal ordinance or law.

(PLEASE PRINT) Date of Application_____

Position(s) Applied for_____ Salary Desired $_____

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In
☐ Employment Agency ☐ Other _____

Name_____Social Security #_____

Have you ever been known by a different last name? ☐ Yes ☐ No, if yes:_____

Address:_____City:_____State:_____Zip:_____

Home Phone #_____Work Phone#_____

Are you over the age of 18? ☐ Yes ☐ No
(If no, you may be required to provide authorization)

Have you ever filed an application with Mutual Management Company? ☐ Yes ☐ No When/Where:_____

Are you lawfully eligible to become employed in this country? ☐ Yes ☐ No
(Proof of citizenship or immigration status will be required upon employment)

Are you available to work: ☐ Full Time ☐ Part Time ☐ Temporary Date Available:_____

Do you have a valid driver's license? ☐ Yes ☐ No Can you travel if a job requires it? ☐ Yes ☐ No
(For driving positions only)

Are you able to adequately perform the essential functions of the job for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No
(If you have any questions about the functions of the job, please ask the interviewer before answering the question.)

If you answered No to either question above, please explain:_____

_____

_____

This application authorizes Mutual Management to run the Kari Koskinen Manager Background Check.

EMPLOYMENT EXPERIENCE

List each job held starting with your current or last job. If you provided a current and complete resume – disregard this section.

1. Employer:	**Job Title:**		
Address:	**Dates Employed**:	**From:**	**To:**
Phone:	**Hourly/Salary Rate**	**Start:**	**End**
Supervisor:	**Reason for leaving:**		
Describe Duties:			

2. Employer:	**Job Title:**		
Address:	**Dates Employed**:	**From:**	**To:**
Phone:	**Hourly/Salary Rate**	**Start:**	**End**
Supervisor:	**Reason for leaving:**		
Describe Duties:			

3. Employer:	**Job Title:**		
Address:	**Dates Employed**:	**From:**	**To:**
Phone:	**Hourly/Salary Rate**	**Start:**	**End**
Supervisor:	**Reason for leaving:**		
Describe Duties:			

4. Employer:	**Job Title:**		
Address:	**Dates Employed**:	**From:**	**To:**
Phone:	**Hourly/Salary Rate**	**Start:**	**End**
Supervisor:	**Reason for leaving:**		
Describe Duties:			

EDUCATIONAL EXPERIENCE

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
High School			1 2 3 4	
Technical/ Vocational			1 2 3 4	
College			1 2 3 4	
Graduate			1 2 3 4	

Other: (Describe any specialized training, apprenticeship, skills, on the job training, etc.)

_____

_____

REFERENCES

Please list three persons, who are not related to you or previous supervisors, who can provide professional references.

1. Name:_____
   Address:_____ Phone:_____
   Relationship/Occupation:_____ Years Known:_____

2. Name:_____
   Address:_____ Phone:_____
   Relationship/Occupation:_____ Years Known:_____

3. Name:_____
   Address:_____ Phone:_____
   Relationship/Occupation:_____ Years Known:_____

May we contact your present employer? ☐ Yes ☐ No

AGREEMENT

As an application for employment with Mutual Management Company, I understand the following:

- Any misrepresentation or falsification of information or significant omission will be cause for rejection of my application as for subsequent discipline up to and including my dismissal from employment if discovered later.
- All information (including information on any accompanying resume) is subject to verification.

Date:_____ Signature of Applicant:_____

REFERENCE AND CREDIT
AUTHORIZATION AND RELEASE

In consideration of and connection with my application for employment (including contract for services, if applicable) and as a consideration of continuing employment, I understand that an investigative background inquiry will be performed on myself, including, but not limited to, consumer credit history, criminal record history, worker compensation claim history, civil records history, driving record history, employment history and other such reports that may exhibit information on my character, work habits, performance, education and experience, along with reasons or termination of employment from previous employers, where such information exists.

I hereby authorize, without reservation, the above named company and the directors, officers, employees, and agents of the foregoing, and any party or agency contracted by above named company and the directors, officers, employees, and agents as a condition precedent to employment or as a condition of continuing employment, to contact any of my previous employers or to contact schools, companies, credit bureaus, law enforcement agencies, government agencies, persons and educational institutions to supply any information concerning my background and to furnish the above listed information and to release and hold harmless all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in original, fax or copy form. I believe to the best of my knowledge that all the information I have provided is accurate, true and correct and that I fully understand the terms of this release.

_____ _____
Applicant Signature Date Witness Signature Date

If you are a resident of MN, you may request a copy of your consumer report by checking box. ☐

For **reference & background checking purposes,** please complete the following information.

Print Full Name:_____

Maiden (or other) Name(s):_____

_____

Driver's License #_____ State Issued_____

Social Security Number:_____/_____/_____ Date of Birth:_____/_____/_____
Month Day Year