



Corporate Office  
 8801 Kenamar Drive  
 San Diego, CA 92121  
 (858) 547-WCPC

## APPLICATION FOR EMPLOYMENT

West Coast Property Consultants, Inc. is an Equal Opportunity Employer

DATE OF APPLICATION \_\_\_\_\_

LAST NAME: (Please Print) \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

( )

PRESENT ADDRESS: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

( )

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email address: \_\_\_\_\_

POSITION APPLIED FOR: FULL-TIME PART-TIME | SALARY DESIRED: \_\_\_\_\_ | Check all shifts you are willing to work:

DAY WEEKENDS

If hired, date available: \_\_\_\_\_

NIGHT HOLIDAYS

### EMPLOYMENT HISTORY

**List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.**

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

( )

Mo. Yr. Mo. Yr.

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ FINAL BASE PAY: \_\_\_\_\_

NAME AND TITLE OF SUPERVISOR(S): \_\_\_\_\_ ADDITIONAL COMPENSATION: \_\_\_\_\_

YOUR POSITION AND DUTIES (Be specific): \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

( )

Mo. Yr. Mo. Yr.

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ FINAL BASE PAY: \_\_\_\_\_

NAME AND TITLE OF SUPERVISOR(S): \_\_\_\_\_ ADDITIONAL COMPENSATION: \_\_\_\_\_

YOUR POSITION AND DUTIES (Be specific): \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

( )

Mo. Yr. Mo. Yr.

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ FINAL BASE PAY: \_\_\_\_\_

NAME AND TITLE OF SUPERVISOR(S): \_\_\_\_\_ ADDITIONAL COMPENSATION: \_\_\_\_\_

YOUR POSITION AND DUTIES (Be specific): \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

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**PERSONAL DATA**

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SOCIAL SECURITY NUMBER: \_\_\_\_\_ IF UNDER 18, CAN YOU , AFTER EMPLOYMENT, SUBMIT A WORK PERMIT?  
YES  NO

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HAVE YOU PREVIOUSLY WORKED FOR WEST COAST PROPERTY CONSULTANTS, INC.? YES  NO   
LOCATION: \_\_\_\_\_

DATES: From: \_\_\_\_\_ To: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME AND LOCATION/DEPARTMENT \_\_\_\_\_

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REFERRED TO WEST COAST PROPERTY CONSULTANTS, INC. BY:

STATE EMPLOYMENT OFFICE  ADVERTISEMENT  EMPLOYEE (List name):  \_\_\_\_\_ OTHER:  \_\_\_\_\_

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AFTER EMPLOYMENT, CAN YOU PROVIDE PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES  NO

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ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? YES  NO

IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED (Note: we comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions).  
\_\_\_\_\_  
\_\_\_\_\_

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ARE YOU ABLE TO PERFORM ALL OTHER DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING? YES  NO

IF NO, DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED  
\_\_\_\_\_  
\_\_\_\_\_

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HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR SERIOUS MISDEMEANOR)? (Note: convictions for marijuana-related offenses that are more than two years old need not be listed).

YES  NO

IF YES, STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSTION OF THE CASE: (Note: no applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**MILITARY SERVICE**

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HAVE YOU OBTAINED ANY SPECIAL SKILLS OR ABILITIES AS THE RESULT OF SERVICE IN THE MILITARY? YES  NO

IF SO, DESCRIBE:  
\_\_\_\_\_  
\_\_\_\_\_

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**EDUCATIONAL RECORD**

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SCHOOLS ATTENDED	NAME & ADDRESS	# OF YRS COMPLETED	DID YOU GRADUATE?		DEGREE OR DIPLOMA?	
HIGH SCHOOL			Y	N	Y	N
COMMUNITY COLLEGE			Y	N	Y	N
UNIVERISTY			Y	N	Y	N
TRADE SCHOOL/ APPRENTICESHIP			Y	N	Y	N

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CERTIFICATIONS (Please list):  
\_\_\_\_\_  
\_\_\_\_\_

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MANY OF OUR CUSTOMERS SPEAK SECOND LANGUAGES. DO YOU SPEAK, WRITE OR UNDERSTAND ANY FOREIGN LANGUAGES?

YES  NO

IF YES, WHICH LANGUAGE(S):  
\_\_\_\_\_  
\_\_\_\_\_

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**EXPERIENCE, TRAINING & QUALIFICATIONS**

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Check machines you can operate and skills you possess:

WINDOWS APPLICATIONS       OUTLOOK       MS WORD       EXCEL       INTERNET       CELL PHONE   
OTHER  \_\_\_\_\_ What user level do you consider yourself (for Microsoft Office Applications) \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced

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**REFERENCES**

**List below three persons not related to you who have knowledge of your work performance within the last three (3) years.**

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NAME:

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ NUMBER OF YEARS ACQUAINTED: \_\_\_\_\_

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NAME:

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ NUMBER OF YEARS ACQUAINTED: \_\_\_\_\_

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NAME:

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ NUMBER OF YEARS ACQUAINTED: \_\_\_\_\_

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**Please read carefully, initial each paragraph and sign below:**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that 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 fact on this application or on any document used to secure employment shall be grounds for rejection of the application or for immediate discharge if I am employed, regardless of the time lapse before discovery.

\_\_\_\_\_ I understand that if offered a position with WCPC, I would be required to submit to a pre-employment drug screening, DMV and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information relates to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the 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 investigations or disclosure.

\_\_\_\_\_ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interviews which may be granted or during my employment, if hired, is intended to create an employment contract between me and the 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 myself or the company, and that no promises or presentations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

WCPC IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

**AUTHORIZATION**  
**For**  
**MOTOR VEHICLE REPORT & BACKGROUND INVESTIGATION**

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize USIS, West Property Consultants, and/or its agents to make an independent investigation of my background, which may include my character, and general reputation in connection with an application of employment with West Coast Property Consultants.

The Scope of the report may include information concerning my driving record, civil and criminal court records, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish USIS or West Coast Property Consultants with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: \_\_\_\_\_

Print Maiden Name or Other Names Used: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth (for I.D. purposes only): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

USIS or WCPC will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number where we may contact you.

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**NOTICE TO CALIFORNIA, MINNESOTA AND OKLAHOMA RESIDENTS:**

If you would like to receive a free copy of your background information obtained by A-Check America, please indicate by checking the following box:

Yes (Please send me a copy of my Background Report)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_