



# APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Employer

2380 Buford Drive, Suite 106-328  
 Lawrenceville, GA 30043  
 Optiononerealty.biz  
 careers@optiononerealty.biz  
 Work:770-963-7103 fax:678-225-4560

PLEASE COMPLETE PAGES 1-5.

Please Feel Free to Attach resumes, Attention Mr. Anthony

DATE \_\_\_\_\_

Name

\_\_\_\_\_ Last First Middle Maiden

Present address

\_\_\_\_\_ Number Street City State Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone ( \_\_\_\_\_ )

Alternate Telephone ( \_\_\_\_\_ )

Position applied for (1) \_\_\_\_\_

**OPEN POSITIONS**  
Realtor

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is your means of transportation to work?  
\_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Operator \_\_\_\_\_ Commercial (CDL) \_\_\_\_\_

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_

Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) Telephone ( \_\_\_\_\_ )

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_\_\_\_ Yes \_\_\_\_\_ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_\_\_\_ Yes \_\_\_\_\_ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer & Address	Name of Supervisor	Employment dates	Pay or Salary	Phone Number

Last or Current Job Title: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

For the job above list duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you complete this application yourself \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, who did? \_\_\_\_\_

If employed a mandatory background check will be requested. By signing below, you are aware of all the conditions of this application and agree to it.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date