



808 Wilshire Blvd. Ste. 200  
 Santa Monica, CA 90401  
 Phone: (310) 255-7890  
 email: resume@douglasemmett.com

**Employment Application**  
**An Equal Opportunity Employer**

**Please Print**

Date	Last Name	First Name	Middle
Present Address			
No. & Street		City	State Zip
Permanent Address (if different from present address)			
No. & Street		City	State Zip
Business Phone		Home Phone	

**Employment Desired**

Position applying for: \_\_\_\_\_

Are you applying for:

Regular full-time work?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Regular part-time work?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N
Temp. work, e.g., summer or holiday work?	<input type="checkbox"/>	Y	<input type="checkbox"/>	N

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available? From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available to work on weekends?  Y  N

Would you be available to work overtime, if necessary?  Y  N

If hired, on what date can you start work? \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Have you ever applied to or worked for Douglas Emmett before?  Y  N

If yes, when? \_\_\_\_\_

**Who/how were you referred to Douglas Emmett?**

<p>Please check one of the boxes below:</p> <p><input type="checkbox"/> Internet</p> <p><input type="checkbox"/> LA Times</p> <p><input type="checkbox"/> Friend</p>	<p>Name _____</p> <p><input type="checkbox"/> La Opinion</p> <p><input type="checkbox"/> Daily News</p> <p><input type="checkbox"/> None of the above</p>
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Do you have any relatives working for Douglas Emmett?  Y  N

Name _____	Relationship _____
Name _____	Relationship _____

Employment Application

**Personal Information:**

Why are you applying for work at Douglas Emmett?

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If hired, would you have a reliable means of transportation to and from work? \_\_\_\_\_  Y  N

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) \_\_\_\_\_  Y  N

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? \_\_\_\_\_  Y  N

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? \_\_\_\_\_  Y  N

If no, describe the functions that cannot be performed.

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility test.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? \_\_\_\_\_  Y  N

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(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 of the position(s) applied for may, however, be considered.)

Are you currently employed? \_\_\_\_\_  Y  N

If so, may we contact your current employer? \_\_\_\_\_  Y  N

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**Employment Application**

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

1	Employer	Dates		Work Performed	
		From	To		
	Address				
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason of Leaving				

2	Employer	Dates		Work Performed	
		From	To		
	Address				
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason of Leaving				

3	Employer	Dates		Work Performed	
		From	To		
	Address				
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason of Leaving				

4	Employer	Dates		Work Performed	
		From	To		
	Address				
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason of Leaving				

5	Employer	Dates		Work Performed	
		From	To		
	Address				
	Telephone Number(s)	Hourly Rate/Salary			
	Job Title	Supervisor	Starting		Final
	Reason of Leaving				

**Employment Application**

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**Military Service**

Have you obtained any special skills or abilities as the result of service in the military?  
If so describe:

Y  N

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**References**

List below persons not related to you who have knowledge of your work performance within the last three years:

Date	Last Name	First Name	Telephone No.	
_____	_____	_____	_____	_____
No. & Street		City	State	Zip
Occupation		No. of years acquainted		

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Date	Last Name	First Name	Telephone No.	
_____	_____	_____	_____	_____
No. & Street		City	State	Zip
Occupation		No. of years acquainted		

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Date	Last Name	First Name	Telephone No.	
_____	_____	_____	_____	_____
No. & Street		City	State	Zip
Occupation		No. of years acquainted		

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Date	Last Name	First Name	Telephone No.	
_____	_____	_____	_____	_____
No. & Street		City	State	Zip
Occupation		No. of years acquainted		

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**Employment Application**

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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 documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ 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 related 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 in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview 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 either myself or the company, and that no promise or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_  
Date

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