



APPLICATION FOR EMPLOYMENT

Investment Property Associates, LLC and IPA Management, LLC (IPA) are equal opportunity employers. Please complete the following in its entirety. Your application will remain active for consideration for 90 days.

General

Name: _____ Date: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____
Home Work

Position Desired: _____ Rate of Pay Expected: _____

Type of Employment Desired: ___ Full-Time ___ Part-Time ___ Seasonal

Can you perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? _____

Will you work overtime if asked? _____ When will you be available to begin work? _____

Have you ever applied for employment with us before? _____ If so, when? _____

If hired, can you present evidence of U.S. Citizenship or your legal right to work in the U.S.? _____

Are you 18 years of age or older? _____ Have you ever been discharged or asked to leave a position? _____

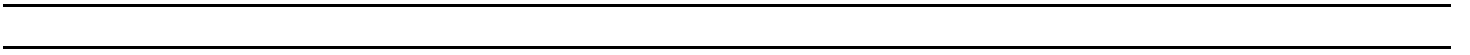
If yes, explain: _____

Education

School	Name and Address of School	No. of Years Completed	Course of Study	Did you Graduate?	Degree or Diploma
High School	Name				
	Street Address				
	City, County, State, Zip				
College	Name				
	Street Address				
	City, County, State, Zip				
Business/ Trade	Name				
	Street Address				
	City, County, State, Zip				
Other	Name				
	Street Address				
	City, County, State, Zip				

Skills/Experience

Please write a short paragraph explaining any special skills or experience which you feel qualify you for the position for which you are applying.



Present and Past Employers (Begin with the most recent)

Employers	Dates of Employment				Positions Held - indicate major responsibilities and accomplishments
	From		To		
Name	MM	Y	MM	Y	
Street Address					
City State Zip					
County	Pay Rate				
Job Title	Start		Finish		
Telephone Number with Area Code					
Immediate Supervisor	Work Status (Circle One):				
Reason for Leaving	Part-time Full-time Temporary				

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	From		To		
Name	MM	Y	MM	Y	
Street Address					
City State Zip					
County	Pay Rate				
Job Title	Start		Finish		
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Street Address					
City State Zip					
County	Pay Rate				
Job Title	Start		Finish		
Telephone Number with Area Code					
Immediate Supervisor	Work Status (Circle One):				
Reason for Leaving	Part-time Full-time Temporary				

Business/Professional References (Please list at least **three additional** people that you have worked with, other than supervisors listed above.)

Name	Name
Street Address	Street Address
City State Zip	City State Zip
County	County
Telephone Number with Area Code	Telephone Number with Area Code
Working Relationship (e.g. co-worker, subordinate, customer, supervisor, etc.)	Working Relationship (e.g. co-worker, subordinate, customer, supervisor, etc.)
Name	Name
Street Address	Street Address
City State Zip	City State Zip

County	County
Telephone Number with Area Code	Telephone Number with Area Code
Working Relationship (e.g. co-worker, subordinate, customer, supervisor, etc.)	Working Relationship (e.g. co-worker, subordinate, customer, supervisor, etc.)

Conviction Data Information

Have you ever been convicted of a felony, misdemeanor, or lesser crime? (Conviction will not necessarily disqualify an applicant.) _____ If yes, explain all convictions: when, where, and the nature of the offense _____

Are there any felony charges pending against you? _____ If yes, explain _____

I understand that IPA conducts Criminal History background checks. IPA assures the confidentiality of this information. Failure to accurately and thoroughly disclose a criminal record may disqualify an applicant for employment, or if employed, may be grounds for dismissal. A record of a criminal conviction or pending felony charges may also disqualify an applicant for employment, or if employed, may be grounds for dismissal.

Signature of applicant _____ Date _____

Carefully Read the Information Below Before Signing and Dating the Application

The information provided in this Application for Employment (and accompanying resume, if any) is true, correct, and complete. I understand that false information, misrepresentations, or omitted information may disqualify me for employment or, if employed, may result in my dismissal. I authorize the release of information that may be required to make an employment decision from present and past employers, educational institutions, appropriate law enforcement agencies, and all other relevant sources. I authorize my former employers and any educational institutions I have attended to disclose and discuss my employment/education history and records, including my disciplinary records, and waive any right to notice of such disclosure or discussion. All information (including information on an accompanying resume) is subject to verification. I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask IPA to attempt to make a reasonable accommodation for it. I must make my request in writing to the Human Resources Director as soon as possible, and under the Michigan Persons with Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed. I understand that acceptance of an offer of employment does not create a contractual obligation to continue to employ me in the future. If I become employed, my employment will be at-will and for no definite period of time. I understand that this means that my employment may be terminated by either IPA or me at any time, with or without cause, and with or without prior notice, warning, or discipline. No person other than the President of IPA has the authority to offer employment for any specific period of time or to make any contract contrary to the foregoing. Moreover, no such agreement by the President will be enforceable unless it is in writing, pertains specifically to me, and is signed by myself and the President.

I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT. I UNDERSTAND THIS APPLICANT STATEMENT AND AGREE TO EACH PROVISION SET FORTH IN THIS APPLICANT STATEMENT.

Signature of applicant _____

Date _____

Revised 1/08, Supersedes 4-29-03