

Royal Property Management Group, Inc.
17150 Via Del Campo Suite 307
San Diego, CA 92127
ph. 858-312-8170
fax. 858-312-8176

EMPLOYEE INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____ CELL: _____

DATE OF BIRTH: _____
MONTH/DAY/YEAR

WHO TO CONTACT IN CASE OF EMERGENCY:

NAME: _____

TELEPHONE: _____ CELL: _____

EMPLOYEE SIGNATURE

DATE



National Background Information

EMPLOYMENT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

BY SIGNATURE BELOW, I AUTHORIZE THE PREPARATION OF AN INVESTIGATIVE REPORT. UPON COMPLETION, I AUTHORIZE THE RELEASE OF THE INVESTIGATIVE REPORT TO THE PROSPECTIVE EMPLOYER LISTED BELOW. FOR THIS PURPOSE, I AUTHORIZE AND UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRES ARE MADE ON MYSELF INCLUDING CONSUMER CREDIT, CRIMINAL, DRIVING RECORDS, EDUCATION, SEX OFFENSE AND MAY INCLUDE INFORMATION REGARDING MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. FURTHER, I UNDERSTAND THAT YOU WILL BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING, CREDIT, CRIMINAL, CIVIL, EMPLOYMENT, TENANCY, EDUCATION, AND OTHER EXPERIENCES. I RELEASE ALL OF THE ABOVE, INCLUDING THE PROSPECTIVE EMPLOYER, NATIONAL CREDIT REPORTING AND ITS AGENTS TO THE FULL EXTENT PERMITTED BY LAW FROM ANY CLAIMS, DAMAGES, LOSS, LIABILITIES, AND EXPENSES ARISING FROM THE RETRIEVAL AND REPORTING OF INFORMATION. ALL REPORTS WILL BE KEPT CONFIDENTIAL.

ACCORDING TO THE FEDERAL FAIR CREDIT REPORTING ACT, I AM ENTITLED TO KNOW IF I WAS DENIED BASED ON THE INFORMATION OBTAINED AND TO RECEIVE UPON WRITTEN REQUEST TO NATIONAL CREDIT REPORTING A DISCLOSURE OF THE PUBLIC RECORD INFORMATION AND OF THE NATURE AND SCOPE OF THE INVESTIGATIVE REPORT.

I, THE UNDERSIGNED APPLICANT, DO HEREBY CERTIFY THAT THE INFORMATION PROVIDED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY COPY OF THIS DOCUMENT IS AS VALID AS THE ORIGINAL. THE AUTHORIZATION IS VALID DURING THE COURSE OF MY EMPLOYMENT TO THE EXTENT PERMITTED BY LAW. FALSIFYING INFORMATION COULD RESULT IN DENIAL OF EMPLOYMENT AND/OR PROMOTION.

Print name of Prospective Employer:		
Print Full Name:		
Previous Name (AKA/Allas)	Date of Birth:	
Social Security #:		
Driver's License #:	State Issued:	
Current Address:		
City:	State:	Zip Code:
Address for the Past Seven Years (Include Street, City, State and Zip)		Date of Residence

Signature _____ Date: _____

California, Massachusetts, Minnesota, Oklahoma, and New York Only: If you are a current resident and would like a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

INVESTIGATIVE REPORTING AGENCY:
NATIONAL CREDIT REPORTING
6830 Via Del Oro, Suite 105
San Jose, CA 95119
800 441-1661

PRIVACY POLICY INFORMATION:
<http://www.ncrcrdjt.com/privacy.php>
Data files and information made available by
NCR during normal business hours.

If this box is checked, by signature above, I acknowledge the international data reports may be requested in conjunction with this investigative report. Furthermore, I authorize National Credit Reporting to share my personally identifiable information with providers of information to the extent that it is necessary to obtain the data requested. This may include prospective employers, vendors, contractors, and business partners outside of the united states and its territories.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP **Employer Completes Next Page** STOP



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A
OR
List B
AND
List C
 Identity and Employment Authorization Identity Employment Authorization

Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)
Document Title	<div style="border: 1px solid black; padding: 5px; min-height: 150px;"> Additional Information </div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>	
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Royal Property Management Group, Inc.

EMPLOYMENT APPLICATION
An Equal Opportunity Employer

Date: _____

Birthdate: M/D/Y _____

SS Number ____/____/____

Name (Last,/First/MI _____)

Present Address _____

City _____

State, Zip _____

Drivers License Number _____

Permanent Address (if different from your present address) _____

City _____

State, Zip _____

Employment Desired

Position Applying for: _____

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

Yes No _____

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

Yes No _____

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

Yes No _____

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? 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. Hire may be subject to passing a medical examination and or skill and agility tests.)

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may however, be considered.)

Education, Training and Experience

School	Name and address	No. of years Completed	Did you Graduate?	Degree Or Diploma
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High School	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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College/	Address, City, State Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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University	Name _____	_____		_____
	Address, City, State Zip _____			

Vocational/ Business	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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	Address, City, State Zip _____			
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Health Care	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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	Address, City, State Zip _____			
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Employment History

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

Name of Employer	() _____	Telephone No. _____
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Type of Business	Supervisor's Name _____
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Street Address, City, State, Zip Code _____

Date of Employment:	From _____ To _____	Weekly Pay:	Starting _____ Ending _____
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Your position and Duties _____

Reason for leaving _____
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employment Application Page 3

Name of Employer Telephone No. ()

Type of Business Supervisor's Name

Street Address, City, State, Zip Code

Date of Employment: _____ Weekly Pay: _____
From To Starting Ending

Your position and Duties

Reason for leaving
May we contact this employer for a reference? Yes No

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

First Name, Last Name Telephone No. ()

Occupation No. of Years Acquainted

First Name, Last Name Telephone No. ()

Occupation No. of Years Acquainted

First Name, Last Name Telephone No. ()

Occupation No. of Years Acquainted

Employment Application Page 4

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 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 run a full criminal background check and investigate 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 or 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 the company and me. 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 promises 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's Signature