> CrownPointe Communities, hereafter referred to as CrownPointe, is an equal opportunity employer. Applicants are considered for employment without regard to race, color, basis prohibited by law, unless such basis constitues a bona fide occupational qualification. CrownPointe will comply with its legal obligation to provide reasonable accommodation to qualified disabled applicants.

APPLICATION FOR EMPLOYMENT

Name : _____
        Last   First   Middle   Birthdate (optional)

Address: _____
        Number   Street City   State   Zip Code

How long at this address? _____ If you have resided at this address less than one year, or it is a temporary address, list your prior address: _____

_____
Current Phone Number ____ _____-_____   Other Phone Number _____- _____-_____
Social Secuity Number _____-_____-_____

POSITIONS SOUGHT

Position desired _____ Expected wage _____
Are available to work: _____Full time   _____Part time   _____ Temporary
                        _____ On-call   _____ Overtime   _____ Any shift
On what date would you be available for work?   _____

List any scheduling restrictions on day or hours: _____

Are you on a lay-off and subject to recall?   Yes _____   No _____

How were you referred to us?   _____
_____
_____

QUALIFICATIONS

Are you a United States citizen or an alien legally entitled to work in the position(s) for which you have applied? ____Yes ____No   Federal law requires applicants to present certain documentation to verify their their identity and United States citizen status, or if an alien, their legal authorization to work in the United States.

Are you 18 years of age or older? ____Yes ____No   If no date of birth: _____

Have you ever been employed by CrownPointe? ____Yes ____No If "yes" provide date and reason

for leaving _____

Do you have any relative employed by CrownPointe? ____Yes ____No If "yes" please list them by

name _____

Name of person to notify in case of an emergency _____

Address _____ Telephone number _____

Education

Type of school	Name of School	City and State	Circle Numbert of yrs					Studies/Degrees
Grade School			1	2	3	4	5	
Junior High School				1	2	3		
Senior High School			1	2	3	4	5	
Collega/University			1	2	3	4	5	
Business/Technical				1	2	3	4	
Graduate School				1	2	3	4	

Summarize special job-related skills and qualifications acquired from education, employment,

volunteer work or military service: _____

Do you have a valid driver's license (If job related)? _____Yes _____No If "yes" state type of

license _____

Have you been a member of the armed forces of the United States? _____Yes _____No   If yes, state highest rank achieved and any special skills or abilities that directly relate to the job for which you are applying.

_____

_____

List the names, addresses and telephone number of three references <u>who are not related to you and are not previous employers.</u>

1._____
     Name   Address   Phone   Relationship

2. _____
     Name   Address   Phone   Relationship

3. _____
     Name   Address   Phone   Relationship

Starting with your present or most recent job, list your employment experience. You may include job related military service assignments and volunteer activities that reflect your qualifications for employment.

Employer	Employment Dates: From: To:	Kind of work performed:
Address:		
Telephone: Job Title: Immedediate Supervisor:	Salary/Hourly Rate Starting: Final:	Reason for leaving:

Employer	Employment Dates From: To:	Kind of work performed:
Address:		
Telephone ( ) Job Title: Immediate Supervisor	Salary/Hourly Rate Starting: Final:	Reason for leaving:

Employer	Employment Dates From: To:	Kind of work performed:
Address:		
Telephone ( ) Job Title Immediate Supervisor	Salary/Hourly Rate Starting: Final:	Reason for leaving:

Employer	Employment Dates From: To:	Kind of work performed:
Address:		
Telephone ( ) Job Title Immediate Supervisor	Salary/Hourly Rate Starting: Final:	Reason for leaving:

Employer	Employment Dates From: To:	Kind of work performed
Address:		
Telephone ( ) Job Title Immediate Supervisor	Salary/Hourly Rate Starting: Final:	Reason for leaving

Which of the positions listed did you like best? _____
Why? _____

Which of the positions listed did you like the least? _____
Why?_____

May we contact the employers listed on pages 3 and 4? _____Yes _____No If "no" indicate which
one(s) you do not wish us to contact, and then state the reason why. _____
_____

State any additional information you feel would be helpful in considering your application:
_____

APPLICANT'S STATEMENT

Please inicate that you have read and that you understand each paragraph of the Applicant's Statement by <u>placing your initials</u> beside each paragraph.

_____
Initial
I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information on my application may result in discharge.

_____
Initial
I authoize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtain through interviews with the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my performance and workplace conduct. I consent to this investigation and to the consideration of any statements of reference or former employers that are given in response to the inquiry.

_____
Initial
I hereby release all parties, including, but not limited to, CrownPointe, personal references, and previous employers from any and all liability for any injury or damage that may result from their furnishing information to CrownPointe concerning me or any action CrownPointe takes on the basis of such information.

_____
Initial
I agree to submit to a medical examination, including drug testing, if required, and understand that any offer of employment is contingent upon the results of that examination.

_____
Initial
I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary for the consideration of this application. I understand that this consent to release of medical records is revocable, in writing, by me at any time.

_____
Initial
I understand that this application is not, and is not intended to be, a contract of employment, and that any resulting employment relationship is for no fixed period of time is terminable at any time and for any reason by CrownPointe, or by me. I further understand that statements which may be contained in polices, practices, benefit plans, or other CrownPointe material, do not create any guarantee of employment and that CrownPointe has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of CrownPointe, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing, and that any such agreement must be in writing to be binding on CrownPointe.

Date _____ Signature of Applicant _____