Guardstone Properties is looking for talented **Assistant Manager**

Qualification

- Must be able to work weekends as required.
- Experience with Resman and ILM and BlueMoon is preferred, but not required.
- Must be able to represent the Guardstone Properties and community professionally through behavior and appearance.

Responsibilities:

- Walk makereadies and move-ins to ensure that they are up to Guardstone standards.
- log all traffic in the Resman.
- Provide exceptional and consistent customer service to our residents & prospects.
- Assist Community manager in increasing occupancy.
- Ensure all new resident paperwork and keys are prepared.
- Assists Community Manager with rent collections, delinquency and lease renewals, i.e. administrative work, marketing and posting to social media.
- Must assist in coordinating monthly resident retention function.
- Prepare move-ins packets according to policy.
- Prepare Weekly and Monthly Market Surveys.
- Community manager may be assigned other administrative duties.
- Assist the Community Manager with the service team.

Compensation:

- Guardstone Properties offers competitive salaries based on experience
- Excellent benefits program which includes PTO, Medical and Dental Insurance

Please submit your resumes to: Careers@guardstonepm.com

Print Form

TEXAS APARTMENT ASSOCIATION
M E M B E R

Employment Application

Prospective employer: _____

Worksite location: _____

Position applying for: _____

Application date: _____

As an employer, we appreciate your taking the time to complete this application. It is important that all questions be answered completely and accurately. In filling out this form, if there is insufficient space to complete the answer, please continue on a separate piece of paper. We are an Equal Opportunity Employer, and we comply with applicable federal, state and local laws, regulations and ordinances which prohibit discrimination against qualified applicants and employees. We prohibit any form of workplace harassment. Please print or write neatly.

PERSONAL INFORMATION

Full name _____

(Please use complete names rather than initials. Show any nicknames in parentheses.)

Have you ever used another name for work, school or business? ❒ yes ❒ no If yes, please state name(s), dates, and circumstances:

_____ Are you at least age 18? ❒ yes ❒ no

Present residence address _____

Street Address City State Zip

Permanent address (if any) _____

Street Address or P.O. Box City State Zip

Present work phone (_____) _____ Home phone (_____) _____

Have you been employed by us before? ❒ yes ❒ no If yes: Dates _____ Location _____ Supervisor's name _____

Reason for leaving ❒ Resigned with notice ❒ Quit without notice ❒ Asked to resign ❒ Terminated ❒ Laid off

❒ Other (Be specific) _____

Do you have relatives in our line of business in Texas? ❒ yes ❒ no. If yes, please list them and their employers _____

_____ Do you have any relatives currently in our employ? ❒ yes ❒ no. If yes,

please list them _____ Date you are available to begin work _____

Is your availability for work limited to any specific times? ❒ yes ❒ no. If yes, please indicate which hours and days of the week you are unavailable _____

Are you willing to work flexible hours, which could include nights, weekends and/or overtime? _____

Do you plan to engage in other work while in our employ? ❒ yes ❒ no. If yes, please describe the work, as well as the hours and days of the week involved _____

Are you willing to travel? ❒ yes ❒ no. If yes, how much? _____

Are you willing to relocate? ❒ yes ❒ no. If yes, what geographical preference? _____

What languages (including English) do you speak, read or write proficiently?

Language	*Speak*	*Read*	*Write*
English	❒	❒	❒
_____	❒	❒	❒
_____	❒	❒	❒

Have you served in the United States Armed Services? ❒ yes ❒ no. If yes, please state branch and dates of service _____

Nature of duty or training _____

Highest rank held _____ Rank at time of discharge _____

How were you referred to us? ❒ Advertisement ❒ Friend ❒ Relative ❒ Walk-in ❒ Agency ❒ Other _____

Notify in case of emergency: Name _____ Relationship _____

Address _____ Work phone (_____)_____ Home phone (_____) _____

Do you engage in the current illegal use of drugs (for example: marijuana, cocaine, heroin, crack, speed, LSD, etc.)? ❒ yes ❒ no.

Are you willing to be tested for the current illegal use of drugs? ❒ yes ❒ no.

CONTINUED ON NEXT PAGE

EDUCATION

	Name and location of school	Circle grade or # of years completed	Did you graduate?	Degree(s) received or Subject(s) studied
Grade school		1 2 3 4 5 6 7 8	❒ yes ❒ no	
High school		9 10 11 12	❒ yes ❒ no	
College		1 2 3 4 5 6	❒ yes ❒ no	
Trade, business or vocational school		1 2 3 4	❒ yes ❒ no	

Academic honors or awards received _____

LICENSES, CERTIFICATIONS AND DEBARMENT Do you have any professional or vocational licenses (real estate, plumbing, electrician, air conditioning, pest control applicator, etc.) or certifications (such as CAM, CAMT, CAPS, NALP, CAS or CPM) that relate to the job for which you are applying? ❒ yes ❒ no. If yes, please describe all licenses and certificates below.

Type of license or certification	From what city, state agency, or organization	Date issued (if applicable)	License number

Have you ever had a professional or vocational license or certification (if any) denied, revoked, or suspended? ❒ yes ❒ no. If yes, please explain

_____

_____

Have you ever been debarred, excluded or suspended from participation in any program involving payment or reimbursement for services sponsored, conducted or funded by the Federal Government? ❒ yes ❒ no.

Are you presently subject to any proceeding that might result in such debarment, exclusion or suspension? ❒ yes ❒ no.

OTHER QUALIFICATIONS Please state any other information about your personal qualities, work skills, or other abilities which would assist us in considering you (including strengths, weaknesses, goals, etc.) _____

_____

_____

_____

_____

_____

_____

_____

REFERENCES (Do not include relatives or previous employers)

Name	City and State	Phone	Occupation	Years known

Name of present landlord _____ City _____ Phone _____

Name of previous landlord _____ City _____ Phone _____

Name of next previous landlord _____ City _____ Phone _____

(Limit response to landlords within previous 24 months)

CONTINUED ON NEXT PAGE

EMPLOYMENT HISTORY We routinely contact an applicant's current and previous employers for reference checks. Are you currently employed? ❒ yes ❒ no. May we contact your current employer at this time? ❒ yes ❒ no. If no, please explain ________

____

(Permission to contact your current employer for a reference check will be required before hiring.)

Please attach a copy of any employment recommendation letters which relate to the position for which you are applying.

Please provide below your complete work history (full-time and part-time) for the preceding five employers or past 10 years, whichever is greater. Explain all gaps in employment during this period in the next section. Use additional sheets if necessary to provide complete information.

Current or last employer

Name ______________________________ Phone (______) ____________

Address ______________________________ From ____________ To ____________

Position and duties ______________________________

Salary (beginning) $ ____________ (ending) $ ____________ Supervisor's name ____________

Reason for leaving ❒ Resigned with notice ❒ Quit without notice ❒ Asked to resign ❒ Terminated ❒ Laid off

❒ Other (Be specific) ______________________________

Next previous employer

Name ______________________________ Phone (______) ____________

Address ______________________________ From ____________ To ____________

Position and duties ______________________________

Salary (beginning) $ ____________ (ending) $ ____________ Supervisor's name ____________

Reason for leaving ❒ Resigned with notice ❒ Quit without notice ❒ Asked to resign ❒ Terminated ❒ Laid off

❒ Other (Be specific) ______________________________

Next previous employer

Name ______________________________ Phone (______) ____________

Address ______________________________ From ____________ To ____________

Position and duties ______________________________

Salary (beginning) $ ____________ (ending) $ ____________ Supervisor's name ____________

Reason for leaving ❒ Resigned with notice ❒ Quit without notice ❒ Asked to resign ❒ Terminated ❒ Laid off

❒ Other (Be specific) ______________________________

Next previous employer

Name ______________________________ Phone (______) ____________

Address ______________________________ From ____________ To ____________

Position and duties ______________________________

Salary (beginning) $ ____________ (ending) $ ____________ Supervisor's name ____________

Reason for leaving ❒ Resigned with notice ❒ Quit without notice ❒ Asked to resign ❒ Terminated ❒ Laid off

❒ Other (Be specific) ______________________________

CONTINUED ON NEXT PAGE

EMPLOYMENT HISTORY, continued

Next previous employer

Name _____ Phone (_____) _____

Address _____ From _____ To _____

Position and duties _____

Salary (beginning) $ _____ (ending) $ _____ Supervisor's name _____

Reason for leaving ❒ Resigned with notice ❒ Quit without notice ❒ Asked to resign ❒ Terminated ❒ Laid off

❒ Other (Be specific) _____

Other employment history information

Please explain all periods of unemployment between the above jobs _____

_____

_____

Have you ever been terminated from employment or asked to resign by any employer other than those listed above? ❒ yes ❒ no. If yes, please provide employer(s), location, date and explanation _____

_____

_____

DRIVING RECORD **Answer the following questions only if you are applying for a position which involves driving on the job.** Can you safely drive a vehicle? ❒ yes ❒ no. Do you have a valid, unexpired driver's license? ❒ yes ❒ no. If yes, please state your current driver's license number _____ Expiration date _____

Issuing state _____

Has your driver's license been revoked, suspended or denied during the past five years? ❒ yes ❒ no.

If yes, please explain _____

List all traffic violations (other than parking tickets) for which you pled guilty, were convicted or pled no contest/nolo contendere during the past five years.

Year	Nature of violation	Location (city and state)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ILLEGAL USE OF DRUGS AND MEDICAL EXAM/QUESTIONNAIRE The position you are applying for requires reliable attendance and dependable performance during the contemplated work hours. You may be asked to submit to testing for the current illegal use of drugs before or after any offer of employment is made to you. If you receive a conditional offer of employment, you may be asked to take a medical examination or complete a medical questionnaire.

CRIMINAL HISTORY INFORMATION If you are among the final candidates being considered for a position or if you receive a conditional offer of employment, you may be asked to complete a form with questions about any past criminal history, and the Employer may request your authorization to conduct a crimnal background check on you. If you refuse to answer or falsely answer any of the criminal history questions, you will not be further considered for employment.

CONTINUED ON BACK SIDE

NOTE TO APPLICANT. Complete the next two pages *after* completing the first four pages of the Employment Application.

CERTIFICATION AND AUTHORIZATION BY EMPLOYMENT APPLICANT

Employer's Name _____ Date _____

Applicant's Full Name _____

(Please use complete names rather than initials. Show any nicknames in parentheses.)

For purposes of this certification and authorization, the term "application" includes this employment application form and any supplemental questionnaire, exhibit, resumé, biographical sheet, or other documents submitted by Applicant.

I certify that all information provided on this application and in any resumés and exhibits submitted to the Employer is true, correct, and complete. I have accounted for all of my work experience, training, and other information requested on this application. I have not withheld any fact or circumstance which is requested by this application.

I understand that any false, misleading, or incomplete information on this application or resumés and exhibits will result in rejection of my application or termination of my employment whenever discovered.

I understand that I may be asked to take job-related written tests and skill tests (if applicable) for the position for which I am applying. If I refuse to be tested, I understand that I will not be further considered for employment.

I understand that I may be required to produce my driver's license or other identification card to verify my identity.

If I am considered for employment, I authorize the Employer and agencies or companies of the Employer's choice to investigate or to make any inquiry about any information contained in this application, including, without limitation:

1. Obtain verification of any information provided by me in this employment application and in any supplemental questionnaire, exhibit, resumé, or biographical sheet submitted by me;
2. Obtain information regarding my work habits, skills, and conduct from my past and present employers, as well as listed or developed references or institutions;
3. Obtain information from all law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations;
4. Obtain information from educational institutions concerning my educational record, conduct, and skills; and
5. Obtain records of my employment, including income history and other information reported by employer(s) to any state employment security agency (e.g., Texas Workforce Commission). Work history information may be used only for purposes of my prospective employment or for the employment purposes of promotion, reassignment or retention while I am an employee. Authority to obtain such work history information expires 365 days from the date of this application.

I agree to furnish additional information as may be requested. I authorize the Employer to use any information obtained during the investigation for all matters relating to my suitability for initial or continued employment.

Applicant's Initials: _____

(Certification and Authorization continued on the next page)

CONTINUED ON NEXT PAGE

I further authorize all institutions, agencies, companies, or persons referred to above, to give the Employer and/or its agents all information requested. I release the Employer, its agents and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing such information. A copy of this authorization and release shall be as valid as the original.

I understand that before or after receiving any offer of employment, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid by the Employer. I understand that the reason for such testing is that the Employer endeavors to operate its business in a safe manner for all employees, customers, tenants, visitors, and/or guests. The results of such testing will be communicated to the Employer or its agents. If I refuse to be tested, or if I produce a positive test result for the current illegal use of drugs, I understand that any job offer will be withdrawn and that I will not be further considered for employment. I understand that I will be asked to sign a separate authorization form prior to any testing for the current illegal use of drugs.

If I receive a conditional offer of employment, I understand that I may be asked to submit to a medical examination performed by a medical practitioner who is chosen and paid for by the Employer. I further understand that I may be asked to complete a medical questionnaire or answer medical inquiries proposed by the Employer. The results of such examinations and/or questions will be communicated to the Employer or its agents. If I refuse to submit to a post-job offer medical examination or respond to medical questions, I understand that I will not be further considered for employment. I understand that if I receive a conditional offer of employment, I may be asked to sign a separate form authorizing a medical examination.

If I am among the final candidates for a position or if I receive a conditional offer of employment, I understand that I may be asked to complete a form with questions about my past criminal history and that the Employer may request my authorization to conduct a criminal background check on me. If I refuse to answer or falsely answer any of the criminal history questions, I understand I will not be further considered for employment. I also understand that any past criminal history could possibly disqualify me for employment.

I understand that I will be provided a separate notice and authorization form to sign if the Employer elects to obtain consumer reports, including but not limited to criminal, income, credit or work history reports, for employment purposes under the federal Fair Credit Reporting Act.

If I am employed, I understand that I will be asked to sign a federal I-9 form and to provide documents verifying my identity and right to work in the U.S.A.

If I am employed, I acknowledge that I must comply with the Employer's rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that the job for which I am applying requires reliable attendance and dependable performance during the contemplated working hours. I further understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits, and operating policies. I understand that any employment will be for an indefinite period and can be terminated at any time by the Employer or myself, without notice and without cause.

I understand that this application does not constitute an offer of employment or an employment contract.

_____	_____
Applicant's Signature	Applicant's Printed Name
_____	_____
Street Address	City/State/Zip Code
_____	_____
Driver's License No. (or alternative identification)	State Issuing Driver's License (or alternative identification

(NOTE TO EMPLOYER: This employment application form is for use only in Texas and only by Texas Apartment Association members. Use by non-TAA members is a violation of federal copyright laws. Use in other states is at the user's risk since this form may or may not comply with special laws or requirements, if any, of other states. Employers are advised to retain completed applications of unsuccessful applicants for at least 12 months.)

Print Form

SUPPLEMENTAL CRIMINAL HISTORY QUESTIONNAIRE

Employer's Name: _____ Date: _____

Applicant's Full Name: _____

(Please use complete names rather than initials. Show any nicknames in parentheses.)

Criminal history questions:

Have you ever *(check all that apply)*: ❒ been subjected to judicial punishment under the Uniform Code of Military Justice or ❒ been convicted, ❒ pled guilty, ❒ pled no contest/nolo contendere, or received ❒ court-ordered community supervision, ❒ deferred adjudication, ❒ probation (any type), ❒ pretrial deferral/diversion of prosecution, ❒ suspended sentence/prosecution, ❒ postponed judgment, ❒ conditional discharge, ❒ shock incarceration, ❒ pretrial release, ❒ supervised release, or ❒ any other type of alternative, deferred, suspended, postponed or conditional adjudication, sentencing program or release for any crime (misdemeanors and felonies)?

If yes, provide complete information on all criminal offense(s) within the past _____ years, the date(s), location(s) (city and state), the nature of any alternative disposition program and the date(s) of completion.

The above is not a complete list of all alternative disposition programs. If you have received any alternative disposition for any criminal offense, you MUST disclose it and describe the program. Failure to disclose a criminal conviction, plea or alternative disposition will be considered falsification and will result in your ineligibility for employment. Use additional sheets if necessary.

_____

_____

_____

_____

_____

_____

_____

Use additional sheets if necessary.

Conviction of a crime is not an automatic bar to consideration for employment, except for specific crimes where employment is prohibited by state or federal laws. Factors such as age at time of conviction, length of time since offense, nature and seriousness of offense, and rehabilitation will be considered.

If your criminal history would ordinarily exclude you from consideration for a position, we will conduct an individualized assessment by providing notice that you may be excluded because of past criminal conduct, allow you to demonstrate that an exclusion based on criminal history should not apply to you, and give consideration to additional information which you provide within a reasonable time period (usually within 5 working days) to show that the criminal history exclusion is not job-related and consistent with business necessity.

Acknowledgement

I acknowledge that I have read and understand this Supplemental Criminal History Questionnaire. I verify that the information I have provided on this form is true, correct and complete and contains no omissions. I agree to provide the Employer with additional information, if requested, in order to complete the background check. I understand that false, incorrect, misleading, or incomplete information on this form will result in rejection of my application and withdrawal of any conditional job offer, or termination, if employed.

I understand that before the Employer obtains a consumer report about me regarding my criminal background, I must sign a separate notice and authorization under the Fair Credit Reporting Act for that consumer report.

_____ _____

Applicant's Signature Applicant's Printed Name

_____ _____

Street Address City/State/Zip Code

_____ _____

Driver's License Number (or alternative identification) State Issuing Driver's License (or alternative identification)