

# APPLICATION FOR EMPLOYMENT



SECTION 1: PERSONAL INFORMATION						
Last Name		First Name		MI	Today's Date	Desired Start Date
Street Address			City		State	Zip Code
Telephone	Email		Position Applied for		Position Number	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Compensation Desired	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referral Source <input type="checkbox"/> Agency <input type="checkbox"/> Employee <input type="checkbox"/> Job Blast <input type="checkbox"/> Former Emp/Int <input type="checkbox"/> CBRE Website <input type="checkbox"/> Client <input type="checkbox"/> Union <input type="checkbox"/> Vehicle Magnet <input type="checkbox"/> College <input type="checkbox"/> Internet <input type="checkbox"/> Other <input type="checkbox"/> Rec. Event <input type="checkbox"/> Classified <input type="checkbox"/> Contacted by CBRE Recruiter			Name of Referral Source	
SECTION 2: GENERAL INFORMATION						
Have you ever been employed by CBRE, Inc. or any company that has been acquired by CBRE (e.g. Trammell Crow Company) <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are any of your relatives presently employed with CBRE, Inc. or any of its subsidiaries or affiliated companies? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you 18 years of age or older (If under 18, hire is subject to verification that you are of minimum legal age)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
After receiving an offer of employment, can you submit documentation verifying your identity and legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Will you now or in the future require sponsorship to work in the United States, e.g. H-1B Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No						

CBRE, Inc. is an Equal Opportunity/Affirmative Action Employer (Women/Minorities/Persons with Disabilities/US Veterans)

**SECTION 3: EDUCATIONAL BACKGROUND**

BEGINNING WITH THE MOST RECENT, PLEASE LIST INSTITUTIONS WHERE YOU HAVE OBTAINED A DEGREE, DIPLOMA OR EQUIVALENT.

Name of School	Location (City/State)	Did You Graduate?	Diploma/ Degree Received	Major Field of Study or Specialty
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Undergraduate		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Business or Technical School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Are you currently obtaining an education?  Yes  No If yes, please list degree and major field of study:

**SECTION 4: PROFESSIONAL CERTIFICATIONS, LICENSES AND DESIGNATIONS**

Organization/Association/ School	Certificate/ License/ Designation	Expiration Date	Office Held (if applicable)

**SECTION 5: EMPLOYMENT HISTORY**

THIS SECTION IS TO BE COMPLETED BY ALL APPLICANTS (EVEN IF SEPARATE RESUME IS SUBMITTED). PLEASE BEGIN WITH THE MOST RECENT POSITION AND SUPPLY EMPLOYMENT INFORMATION FOR THE PAST TEN YEARS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

Company Name	Type of Business	Dates Employed (MM/DD YYYY)	Salary <input type="checkbox"/> wk/ <input type="checkbox"/> mo/ <input type="checkbox"/> yr
Address (City/State/Zip)	Phone	From:	Starting:
		To:	Final:
Starting Position	Final Position	Supervisor's Name and Title	Other Compensation (type and amount)
Describe most recent duties		Reason for leaving	
Are you eligible for rehiring? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Type of Business	Dates Employed (MM/DD YYYY)	Salary <input type="checkbox"/> wk/ <input type="checkbox"/> mo/ <input type="checkbox"/> yr
Address (City/State/Zip)	Phone	From:	Starting:
		To:	Final:
Starting Position	Final Position	Supervisor's Name and Title	Other Compensation (type and amount)
Describe most recent duties		Reason for leaving	
Are you eligible for rehiring? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
Company Name	Type of Business	Dates Employed (MM/DD YYYY)	Salary <input type="checkbox"/> wk/ <input type="checkbox"/> mo/ <input type="checkbox"/> yr
Address (City/State/Zip)	Phone	From:	Starting:
		To:	Final:
Starting Position	Final Position	Supervisor's Name and Title	Other Compensation (type and amount)
Describe most recent duties		Reason for leaving	
Are you eligible for rehiring? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Company Name		Type of Business	Dates Employed (MM/DD YYYY)	Salary <input type="checkbox"/> wk/ <input type="checkbox"/> mo/ <input type="checkbox"/> yr
Address (City/State/Zip)		Phone	From:	Starting:
			To:	Final:
Starting Position	Final Position		Supervisor's Name and Title	Other Compensation (type and amount)
Describe most recent duties			Reason for leaving	
Are you eligible for rehiring? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**SECTION 8: ACKNOWLEDGEMENT**

I hereby certify that the information submitted by me in this application, resume and during any personal interview(s) is true and correct to the best of my knowledge. I agree to have the accuracy of any of the statements verified by CBRE, Inc. unless I have indicated to the contrary. I authorize the references listed to provide CBRE, Inc. any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to CBRE, Inc. as well as from the use or disclosure of such information by CBRE, Inc. or any of its affiliates, subsidiaries, agents, employees, or representatives. I understand that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

In the event of any dispute or claim between you and CBRE (including all of its employees, agents, subsidiary and affiliated entities, benefit plans, benefit plans' sponsors, fiduciaries, administrators, affiliates, and all successors and assigns of any of them), we jointly agree to submit all such disputes or claims to confidential binding arbitration and waive any right to a jury trial. The claims and disputes subject to arbitration include all claims arising from or related to your employment or the termination of your employment including, but not limited to, claims for wages or other compensation due; claims for breach of any contract or covenant (express or implied); tort claims; claims for discrimination (including, but not limited to, race, sex, religion, national origin, age, marital status, or medical condition or disability); claims for benefits (except where an employee benefit or pension plan specifies that its claims procedure shall culminate in an arbitration procedure different from this one); and claims for violation of any federal, state, or governmental law, statute, regulation, or ordinance. All claims or disputes subject to arbitration, other than claims seeking to enforce rights under Section 7 of the National Labor Act, must be brought in the party's individual capacity, and not as a plaintiff or class member in any class, collective, or representative action. The arbitration (i) shall be conducted pursuant to the provisions of the arbitration rules of the Federal Arbitration Act; (ii) shall be heard before a retired State or Federal judge in the county containing the Company's office in which you were last employed. The Company shall pay for all fees and costs of the Arbitrator; however, each party shall pay for its own costs and attorneys' fees, if any, except as otherwise required by law.

In consideration of my employment, I agree to conform to the rules and standards of CBRE, Inc. as amended from time to time at the company's sole discretion. I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of CBRE, Inc. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral, implied or collateral agreements regarding this issue.

I understand that all offers of employment are conditioned on the satisfactory outcome of all pre-employment procedures required by CBRE, Inc. This includes a criminal background check and drug and alcohol test, as well as receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

CBRE, Inc. as used herein is intended to include all of its affiliated subsidiary companies.

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

\_\_\_\_\_  
Date

**EQUAL OPPORTUNITY EMPLOYER**

*CBRE is a federal contractor subject to Executive Order 11246 (E.O. 11246), Section 4212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended (VEVRAA), and Section 503 of the Rehabilitation Act of 1973, as amended (Section 503). These laws prohibit discrimination in employment on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, disability, and veteran status. These laws further require CBRE to take affirmative action to employ and advance in employment qualified minorities, women, protected veterans, and individuals with disabilities.*

**Applicant Flow Data**

IT IS THE POLICY OF CBRE, INC. TO PROVIDE EQUAL EMPLOYMENT OPPORTUNITY WITHOUT DISCRIMINATION AND TO CONSIDER QUALIFIED APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, SEX, MARITAL STATUS, SEXUAL ORIENTATION, CITIZENSHIP, NATIONAL ORIGIN, AGE, PHYSICAL DISABILITY, HANDICAP UNRELATED TO ABILITY TO PERFORM JOB OR STATUS AS A DISABLED VETERAN OR VETERAN OF THE VIETNAM ERA.

CBRE, Inc. is an Equal Opportunity/Affirmative Action Employer (Women/Minorities/Persons with Disabilities/US Veterans)

## Self Identification Details

Federal law requires us to report the composition of the Company's workforce in a variety of categories, including race, ethnicity, gender, disability and veteran status. To assist us in this reporting process, we invite you to complete the below information.

CBRE makes all employment-related decisions based on an individual's job-related qualifications without regard to race, color, religion, national origin, citizenship, age, marital status, ancestry, physical or mental disability, medical condition, veteran status, sex, sexual orientation, gender identity. Your election to not provide this information will not subject you to any adverse treatment. In order to comply with 41 CFR § 60-1.12, CBRE may make a visual identification of employee ethnicity/race should you decide not to self-identify.

Please know that CBRE treats this information, a part of your electronic applicant or personnel records, as highly confidential. It's access is highly limited and is used for the sole purpose of complying with government reporting requirements.

### Gender:

- Female
- Male
- I Prefer Not to Identify

### USA - Ethnicity/Race

- Hispanic
- American Indian/ Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Island
- Two or more Races
- White
- I Prefer Not to Identify

## Veteran Status

### Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

**I belong to the following classifications of protected veterans (choose all that apply):**

- Identify as One or More of the Classifications of Protected Veteran listed above**
- I am NOT a protected veteran**

**Your Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

### Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.