



## APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a job-related medical condition or handicap, or any other legally protected status.

### PLEASE PRINT

Date of Application: \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Position(s) applied for: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-n  
 Employment Agency  Other \_\_\_\_\_

I desire to work:  FULL TIME  PART TIME  TEMPORARY

I PREFER to work what shift(s)?  DAY  NIGHT  ANY SHIFT

On what date will you be available for work? \_\_\_\_\_

Are you employed now?  YES  NO If yes, can we contact your current employer?  YES  NO

Do you plan to work another job? Is yes, what hours? \_\_\_\_\_

Have you ever applied for a job here before?  YES  NO If yes, what date(s): \_\_\_\_\_

Show age if less than 21: \_\_\_\_\_ If under age 18, can you furnish a work permit?  YES  NO

Are you legally able to work in the United States:  YES  NO

[NOTE: You will be required to show proof of this within three (3) days of hiring on a Form I-9.]

If you are not a U.S. Citizen, do you have an Alien Registration Card?  YES  NO

If yes, please write the number: \_\_\_\_\_

Some positions may call for routine use of company vehicles.

Do you have a current VALID driver's license?  YES  NO If Yes, from which state? \_\_\_\_\_

Have you been convicted of any moving violations in the past five (5) years?  YES  NO

If Yes, please describe: \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO Conviction of a felony will not prevent you

From being eligible for employment. Please describe any convictions: \_\_\_\_\_

**PERSONAL INFORMATION**

Current address: \_\_\_\_\_  
 NUMBER STREET APT. #  
 \_\_\_\_\_  
 CITY STATE ZIP CODE

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

	ELEMENTARY	HIGH SCHOOL	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL
School Name And Location (City & State)				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any Specialized Training, Apprenticeship, Skills, And Extra-Curricular Activities				

**Honors Received:**

Are you a veteran of U.S. military service?  YES  NO If Yes, what branch? \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  YES  NO

If Yes, please explain: \_\_\_\_\_

Are there workplace accommodations which would assure better job placement and/or Enable you to perform your job to your maximum capability?  YES  NO

If Yes, please describe: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. You may exclude any which may indicate race, color, religion, sex or national origin: \_\_\_\_\_

List name, address and telephone number of three (3) references who are not related to you and are not prior employers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **EMPLOYMENT EXPERIENCE**

Starting with your most recent job, please complete the following. Include any military service assignments and volunteer activities. You may exclude organization names which may indicate race, color, religion, sex, national origin, handicap or other protected status.

<b>1</b>	<b>Employer</b>	<b>From</b>	<b>To</b>	<b>Work Performed</b>
	<b>Job Title</b>	<b>Wage/Salary</b>	<b>Wage/Salary</b>	
	<b>Address &amp; Telephone</b>			
	<b>Supervisor</b>			
	<b>Reason for Leaving</b>			
<b>2</b>	<b>Employer</b>	<b>From</b>	<b>To</b>	<b>Work Performed</b>
	<b>Job Title</b>	<b>Wage/Salary</b>	<b>Wage/Salary</b>	
	<b>Address &amp; Telephone</b>			
	<b>Supervisor</b>			
	<b>Reason for Leaving</b>			
<b>3</b>	<b>Employer</b>	<b>From</b>	<b>To</b>	<b>Work Performed</b>
	<b>Job Title</b>	<b>Wage/Salary</b>	<b>Wage/Salary</b>	
	<b>Address &amp; Telephone</b>			
	<b>Supervisor</b>			
	<b>Reason for Leaving</b>			

If you need additional space, continue on a separate sheet of paper.

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize any special skills and qualifications that you acquired from employment or other experience.

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**APPLICANT'S STATEMENT**

I certify that answer given on this application are true and complete to the best of my knowledge.

I authorize Mountainside Villas Owners Association, and/or its agents, including consumer reporting bureaus, to verify all statements provided on this application for employment, including but not limited to criminal history and motor vehicle driving records, as may be necessary in arriving at an employment decision. I hereby authorize all persons, schools, companies and law enforcement officials to release information concerning my background and do hereby release all parties from liability for any damage that may result from furnishing this information.

I understand that Mountainside Villas Owners Association maintains a drug-free workplace, and that I may be subjected to pre-employment screening for drugs and alcohol.

By my signature below, I certify my understanding and acknowledgement that, unless otherwise defined by applicable law, any employment relationship with this organization is of an at-will nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this at-will employment relationship may not be changed by any written document or by conduct unless an authorized executive specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in this application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE