Application for Employment



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

NAME:FIRS	ST MIDE	DLE LAST		DATE	
PRESENT ADDRESS	:STR	EET CITY		STATE ZII	 P
E-mail address:	3 11.				•
 CELL PHONE: ()	ARE YOU 18 YEARS C	OF AGE OR OLDER?	YES NO)
OTHER PHONE: ()			HAVE YOU APPLIED FOR A JOB HERE BEFORE?		
,			TIAVE TOO ALT ELED FOR A GOD FIERE DEFORE:		
REFERRED BY:		_ ARE YOU CURRENTLY	ARE YOU CURRENTLY EMPLOYED?		o
F YOU ARE CURREN	NTLY EMPLOYED, MAY W	E CONTACT YOUR CURRE	NT EMPLOYER?	YES NO	o
POSITION OR POS	ECITIZENSHIP OR IMMIGRAT SITIONS APPLYING FOR al, please list specific dates	WAOF	ED UPON EMPOYEMENT) DESIRED:	YES NO	O
	describe your availability (se	e example).	D START DATE:		
•	on employment, highest cor with greatest availability.	nsideration	DU AVAILABLE FULL-TIME?		
	DATE(S)	WEEKDAYS	WEEKENDS	HOURS	
EXAMPLE	Starting 11/22	M, W, F after 3pm T and TH any time	· · · · · · · · · · · · · · · · · · ·)
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					

EDUCATIONAL HISTORY

GRADUATED?

	NAME & LOCATION	MAJOR COURSE OR SUBJECT	YES	NO	DEGREE
High School					
Technical/Trade					
College(s)					
Other					

EMPLOYMENT RECORD

Starting with present or most recent, please list all previous employers. If more space is required, you may continue onto a separate sheet. A resume may be included, but this application must still be completed in full.

Last/Present Company:		Type of business		Dates Worked	
Address				Phone	
Supervisor's Name & Title				Phone	
Title & Job Description				Base Salary \$ per	
Reason for leaving					
Company:		Type of business		Dates Worked	
Address				Phone	
Supervisor's Name & Title				Phone	
Title & Job Description				Base Salary \$ per	
Reason for leaving				<u> </u>	
ompany: Type of business			Dates Worked		
Address				Phone	
Supervisor's Name & Title				Phone	
Title & Job Description				Base Salary \$ per	
Reason for leaving			L		
PROFESSIONAL REFERENCES Give the names of three persons NOT related to you, when the persons NOT related to you.	hom you have l	known or worked with in	n a professional capa	acity for at leas	t two years.
NAME/OCCUPATION	НС	DW AQUAINTED	YEARS AQUAIN	TED	PHONE

I certify that all the information submitted by me on this application is true and complete. I understand that any false information, omissions, or misrepresentations on this application or on any other required document will result in the denial of employment and/or dismissal from service.

I hereby give Highland Springs Community Association the right to investigate all statements in this application and to secure any necessary information from all my employers and references. I hereby release all those employers and references and Highland Springs Community Association from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualification, and my suitability for employment with Highland Springs Community Association.

I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between Highland Springs and myself. In consideration of employment, I agree to conform to the company's rules and regulations. I further understand and agree that if I am hired by Highland Springs, the duration of my employment is indefinite, and my employment relationship is terminable at will, which means that I may resign at any time and Highland Springs may terminate my employment at any time with or without cause and with or without notice. I also understand that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company.

SIGNATURE OF APPLICANT	DATE