

LAKE MONTICELLO OWNERS' ASSOCIATION

Application for Employment

Lake Monticello Owners' Association, Inc. is an equal opportunity employer and selects the best matched individual for the job based on job-related qualifications, regardless of race, color, creed, sex, national origin, age, handicap, or other protected groups under state, federal or local Equal Opportunity Laws.

PLEASE PRINT IN INK

1.

Position(s) Applied For					Date of Application	
Last Name		First Name			Middle Name	
Address	Number	Street	City	State	Zip Code	
Telephone Number(s)						

- a. Are you currently employed? Yes No
- b. May we contact your present employer? Yes No
- c. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.
- d. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- e. Have you been convicted of a felony or misdemeanor, except for a case expunged, sealed or dismissed? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain (include offense, date, court and state) _____

- f. Have you ever been bonded? Yes No Refused bond? Yes No
If refused, state reason and date. _____

- g. Have you ever been employed by LMOA before? Yes No
If Yes, give date. _____

- h. On what date(s) would you be available for work? _____

- i. Are you available to work: Full Time Part Time Shift Work Temporary
Specify days and hours if part-time _____

- j. What wage/salary do you expect? _____ Minimal acceptable _____

2. **EDUCATION**

- a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate? Yes ___ No ___
 b. If you did not complete high school, do you have a high school equivalency diploma? ___ Yes ___ No Date Received _____
 c. Circle number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Dates Attended	Major/Specialty	Year Completed	Degree Received
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

d. If you expect to complete an educational program in the near future, please indicate what type of degree program and expected completion date: _____

3. **EXPERIENCE—MUST BE COMPLETED**, may attach a résumé. Starting with the most recent, describe *ALL* paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? ___ Yes ___ No

a. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary(start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary(start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary(start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____ Computer skills (what system) _____

f. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number	Expiration Date	Granted by (licensing board)

4. MILITARY SERVICE RECORD

a. Did you serve in U.S. Armed Forces? _____ If yes, what branch? _____

b. Dates of duty: From _____ To _____ Rank at discharge _____

c. List duties in service, including training _____

d. Have you held security clearance? Yes No What level? _____

5. REFERENCES (list 3 persons who know your qualifications—No employees or relatives)

a.	_____ () _____
	(Name) Phone #
	_____ (Address)
b.	_____ () _____
	(Name) Phone #
	_____ (Address)
c.	_____ () _____
	(Name) Phone #
	_____ (Address)

6. CERTIFICATION—READ CAREFULLY BEFORE SIGNING

- a. I certify that all the information contained in this application is true and accurate. I understand and agree that false statement or misrepresentations in my application will be grounds for rejection to employ or termination, regardless of time of discovery, if employed.
- b. I understand, following interview(s), that LMOA will verify my work history and all the information provided in my application as well the oral interview(s).
- c. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
- d. I understand and acknowledge 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 such change is specifically acknowledged in writing by an authorized executive of LMOA. I hereby disclaim the existence of any contract of employment, either expressed or implied.
- e. I understand that if I am employed, such employment is for no definite period of time and LMOA can change wages, benefits and conditions at any time.
- f. If employed, I agree to conform to all LMOA rules and regulations. I understand that LMOA, at its discretion, may conduct searches of association or personal property, and I consent to any such search.
- g. I also understand that all persons seeking employment or employed at LMOA may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I consent to provide urine/blood specimens required for testing at a collection facility specified by LMOA.

7. AUTHORIZATION

I authorize the use of any information in this application to enable LMOA to determine job eligibility. I release all employers, school authorities and persons listed as references who furnish information regarding my work performance and habits and other qualities pertinent to my qualifications for employment, from any and all liability for damages arising from the use of such information.

Signed: _____ Date: _____

Name (Printed) _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Possible Work Locations: _____

INTERVIEWER

DATE

Employed Yes No

Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES _____

