



# Hidden Valley Lake

Property Owners Association

## APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION
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Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

SS: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Previously Employed by HVLPOA:  Yes  No If yes, Month, Year and Position: \_\_\_\_\_

Position Desired: \_\_\_\_\_ When available for employment: \_\_\_\_\_

Are you eligible for employment in the US? \_\_\_\_\_ Are you available to work overtime when needed? \_\_\_\_\_

Do you require a work permit (Under age 18)? \_\_\_\_\_

EDUCATION
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High School: \_\_\_\_\_ Graduated?  Yes  No

College: \_\_\_\_\_ Degree: \_\_\_\_\_

Computer software knowledge: \_\_\_\_\_

Military: Did you serve in the US Armed Forces?  Yes  No

If "YES" what Branch? \_\_\_\_\_ Training: \_\_\_\_\_

EMPLOYMENT

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?  Yes  No

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of alls statements contained herein and the reference listed above to give you any and all information concerning my previous employment and any pertinent information they may have.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Applicant Signature

Resume Attached:  Yes  No

Date Received: \_\_\_\_\_

Name of Person Received: \_\_\_\_\_