

PARK PLACE OWNERS ASSOCIATION, INC.



Application for Employment

Drug Free Workplace

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for		Referred by	
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			

EDUCATION			
High School		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES	
<i>Please list three references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

JOB RELATED TRAINING, COURSE WORK (Vocational, Trade, Governmental, Business, Military, etc.)

Name of School	Dates of Attendance	Course of Study	Training Complete (Y/N)

LICENSES, CERTIFICATION

	Number	Date Rec'd	Expiration Date

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

BACKGROUND INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? YES NO

If "YES," what charges?
Where convicted? Date of Conviction:

HAVE YOU EVER PLED NOLO CONTENDERE (NO CONTEST) OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR?
YES NO

If "YES," what charges?
Where convicted? Date of Conviction:

NOTE: A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

CITIZENSHIP

PARK PLACE OWNERS ASSOCIATION HIRES ONLY U.S. CITIZENS AND LAWFULLY AUTHORIZED ALIEN WORKERS.
You will be required to provide identification and either proof of citizenship or proof of authorization to work in the U.S.

ARE YOU A U.S. CITIZEN? YES NO

IF NO, ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? YES NO

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Park Place Owners Association, Inc. (hereinafter called "the Association"), I agree that:

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Association permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Association from any liability as a result of such contract.

I also understand that (1) the Association has a drug and alcohol policy that provides for preemployment testing as well as random testing during employment in accordance with their policy; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Association may request from a consumer reporting agency an investigative consumer report including information as to my credit records, criminal background, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Association, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Association shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment with the Association is terminable at will for any reason by either party.

Park Place Owners Association, Inc., is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Association depends solely on your qualifications.

Signature

Date

Thank you for completing this application form and for your interest in Park Place Owners Association, Inc.