

LFPDA Application for Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

APPLICATIONS KEPT ON FILE 30 DAYS

PERSONAL

Last Name			First	Middle	Date
Street Address					Home Telephone ()
City, State, Zip					Cell Telephone ()
Have you ever applied for employment with us? Yes No If yes: Month and Year _____ Location:					Social Security #
Position Desired:					Pay Expected:
Apart from absence for religious observance, are you available for full-time work? Yes No If not, what hours can you work?					Will you work overtime if asked? Yes No
Are you legally eligible for employment in the United States?					When will you be available to Begin work?
Other special training or skills (languages, machine operation, etc.					

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				Yes No	
College				Yes No	
Business/Trade/ Technical				Yes No	
High School				Yes No	
Elementary				Yes No	

Membership in Professional or Civic Organizations
 (Exclude those which may disclose your race, color, religion or national origin)

Company Name	Telephone ()
Address	Employed (State month and year) From To
Name of Supervisor	Weekly pay: Start Last
State Job Title and Describe Your Work	Reason for Leaving

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DO NOT CONTACT

We may contact the employers listed above unless you indicate those you do not want us to contact.	Employer Number(s) Reason
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PAYROLL SETUP FORM

FOR CLIENT COMPANY USE ONLY: CLIENT'S NAME: _____

Complete the following information on All New Hires and forward to your Payroll Coordinator:

Employee Name: _____ Hire Date: _____ Division/Department _____

Pay Rate: \$ _____ ____ Hour ____ Year ____ Pay Period ____ Other	Employee Status: ____ Full Time ____ Part Time ____ Temporary
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Supervisor Recommendation Signature _____

Date _____

Release and Consent

I understand and certify that all information supplied in this application, and any attached resume is complete and correct. Any false, misleading, or incomplete information furnished by me regarding this application may result in the rejection of this application or if employed, dismissal. If any information requested is prohibited by a specific state law, such information will not be considered an omission. I understand that in consideration of my employment I agree to conform to the rules and regulations of Lake Forest Property Owners' Association, Inc. and can be terminated without cause and with or without notice, at any time at the option of either Lake Forest Property Owners' Association, Inc. or myself. I understand and agree that these terms can only be modified in writing and signed by the General Manager. No supervisor, representative, agent or other employee of Lake Forest Property Owners' Association, Inc. has now or has had in the past the authority to enter into any agreement for employment for a specified period of time, or to make any agreement which is contrary to or in modification of the above terms.

I have read, understand, and agree with this statement (Please initial here) _____

I understand and agree to take any physical examination, including drug screening test that Lake Forest Property Owners' Association, Inc. requires in accordance with the Americans With Disabilities Act.

I have read, understand, and agree with this statement (Please initial here) _____

I understand and hereby authorize all persons, schools, companies, employers and/or their representatives to furnish verification to Lake Forest Property Owners' Association, Inc., its representatives or agents, any and all information set forth in this application and/or attached resume. In addition, I hereby agree to hold harmless and to release from all liability all said persons, schools, companies, employers and/or their representatives from any and all claims that I may have, or which may arise against any and/or all of them, including Lake Forest Property Owners' Association, Inc. as a result of their furnishing information to Lake Forest Property Owners' Association, Inc. I authorize Lake Forest Property Owners' Association, Inc., should they employ me, to release employment references. If my employment becomes terminated for any reason. I also authorize Lake Forest Property Owners' Association, Inc. to conduct credit, police and driving record inquiries, or any other employment related inquiries in compliance with the provisions of the Fair Credit Reporting Act, 15 U.S.C. Section 1681, et seq. I understand that Lake Forest Property Owners' Association, Inc. employment decision and my continued employment will be subject to the results of these inquiries.

I have read, understand, and agree with this statement (Please initial here) _____

I understand this application will be active for employment consideration for 30 days. After 30 days, if I wish to be considered for employment, I must contact Lake Forest Property Owners' Association, Inc. to determine if applications are being accepted.

I have read, understand, and agree with this statement (Please initial here) _____

New hires with Lake Forest Property Owners' Association, Inc. are subject to a 90 day Orientation Period.

I have read, understand, and agree with this statement (Please initial here) _____

Applicant's Signature

(A photocopy of this release shall be considered as valid as the original)