

WHITE MEADOW LAKE – GENERAL APPLICATION

PERSONAL

NAME: _____ DATE: _____
Last First Middle

ADDRESS: _____

CITY, STATE, ZIP _____ E-MAIL _____

PHONE: _____ CELL PHONE: _____

Have you ever applied for employment with us? YES NO
 If YES, Month and year _____ Location _____

POSITION DESIRED: _____ PAY EXPECTED: _____
 Apart from absence of religious observance, are you available for full-time work? YES NO
 If NO, what hours can you work? _____

Will you work overtime if asked? YES NO

Are you eligible for employment in the United States? YES NO

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	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
Graduate				<input type="checkbox"/> YES <input type="checkbox"/> NO	
College				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Business/Trade/Technical				<input type="checkbox"/> YES <input type="checkbox"/> NO	
High School				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Elementary				<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT *Please start with your present or more recent employer*

1. Company Name: _____
 Address: _____ Phone: _____
 Name of Supervisor: _____
 State Job Title and Describe Your Work: _____
 Employed (Month & Year): FROM _____ TO _____ Weekly Pay: START _____ LAST _____
 Reason for Leaving: _____

2. Company Name: _____
 Address: _____ Phone: _____
 Name of Supervisor: _____
 State Job Title and Describe Your Work: _____
 Employed (Month & Year): FROM _____ TO _____ Weekly Pay: START _____ LAST _____
 Reason for Leaving: _____

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number _____ Reason _____

DO NOT ANSWER ANY QUESTIONS IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination based on age, citizenship, and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status, and sexual preference.

<input type="checkbox"/>	Provide dates you attended school: ELEMENTARY: From _____ To _____ HIGH SCHOOL: From _____ To _____ COLLEGE: From _____ To _____ OTHER: From _____ To _____
<input type="checkbox"/>	NUMBER OF DEPENDENTS <i>Including yourself</i> _____
<input type="checkbox"/>	Are you a VIETNAM VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/>	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
<input type="checkbox"/>	DATE OF MARRIAGE: _____
<input type="checkbox"/>	ARE YOU A US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	What was your PREVIOUS ADDRESS? _____ How Long at PREVIOUS ADDRESS? (years) _____
<input type="checkbox"/>	How Long at PRESENT ADDRESS? (years) _____
<input type="checkbox"/>	Are you over 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO If not, employment is subject to verification of age
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, with what employers _____
<input type="checkbox"/>	State names of relative and friends working for us, other than your spouse. _____ _____

I authorize investigation of all statements herein, including any checks of criminal records, and release the POA and all others from liability in connection understand that any agreement must be in writing and signed by the designated POA official. I also understand that misrepresentations or falsifications herein or in other documents completed or submitted by the applicant will result in dismissal, regardless of the date of discovery.

Signature _____ Date _____
Parent Signature is required if applicant is under 18

SIGNATURE

The information provided in this Application for Employment is true, current, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I hereby authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Signature _____ Date _____

100 WHITE MEADOW ROAD, ROCKAWAY, NJ 07866
White Meadow Lake Property Owners Association is an Equal Opportunity Employer