Gold Ridge Forest Property Owners Association
Application for Employment

All qualified applicants and staff will receive consideration for employment regardless of race, color, ancestry, national origin, religion, creed, age, disability (mental and physical), sex, gender (including pregnancy, childbirth, breastfeeding or related medical conditions), sexual orientation, gender identity, gender expression, medical condition, genetic information, marital status, military and veteran status, and any other characteristic protected by applicable law.

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Do you have a valid Driver's License? _____

Position applied for: _____

Do you have transportation? _____

How did you hear of this opening? _____

If hired, when can you start? _____

Are you authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) ❑ Yes ❑ No

Are you applying for: (circle one)   Full-time employment?   Part time work?

What hours are you available? _____

_____

Are there any days/times you are not available to work? _____

_____

If you are student, what is your class schedule start/end date, and days per week?

Education

School Name and Location _____   Major   Degree

High School _____   _____ _____ _____

College _____   _____ _____ _____

Other Training _____   _____ _____ _____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?

_____

_____

_____

_____

_____

Employment History   **(Start with most recent employer)**

Company Name _____

Address _____Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? ❏ Yes   ❏ No

Responsibilities _____

_____

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact?   ❏ Yes   ❏ No

Responsibilities _____

_____

Reason for leaving _____

Do you have any physical limitations that would require any special accommodations?

_____

Attach additional information if necessary.

Emergency Contact

In case of emergency, please notify:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

DRUG TESTING. I understand that Gold Ridge Forest Property Owners Association is a drug and alcohol free work environment. I understand that I may be asked to submit to drug/alcohol testing following (i) any work related accident, (ii) any violation of safety precautions or standards (whether or not an injury resulted from such accident or violation), and (iii) whenever management has reason to believe I may be under the influence of drugs or alcohol.

Signature _____ Date_____