

APPLICATION FOR EMPLOYMENT INFORMATION SUMMARY

Thank you for your interest in Highland Lakes Condominium Association. The following points have been designed to assist you in filling out your application, as well as answer any questions you may have in your pursuit of employment with us.

- This application will be kept on file and active one year. There is no need to re-apply during that period. If you have further interest in employment after that period and have not been contacted by Highland Lakes Condominium Association you must submit a new application to be further considered for employment.
- Current Highland Lakes Condominium Association employees are given first consideration in filling job openings. If a position is not filled by a current employee, a qualified outside applicant will then be considered.
- We only conduct interviews when we consider you for a specific opening. In this case, you will be notified by phone to schedule an interview appointment.
- You should apply for positions for which you are qualified and interested in. If you wish to apply for more than one position, please indicate your subsequent choice in the space provided.
- If you have a resume, you may enclose it with the application. You should however, fill out the application completely, even if it means duplicating information. This allows consistency in the screening of applications.
- If pertinent information (e.g., telephone number, address, etc.) should change during the one year period, which your application is on file, you may complete a new application and note that it is revised.
- Due to the large number of applications, we appreciate your patience as we carefully review your qualifications.

When filling out the application, make sure you read it carefully and follow all instructions. Fill it out completely, accurately and be sure to sign it.

KEEP THIS INFORMATION SHEET FOR FUTURE REFERENCE

STOP! BE SURE TO SIGN AND DATE YOUR APPLICATION

APPLICATION FOR EMPLOYMENT:

(Please PRINT and Completely Answer All Questions)

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| Date: (MM/DD/YYYY) <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> First Middle Last </div> | | Social Security Number <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> </table> | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address: _____ | | City: _____ | State/Zip Code: _____ | | | | | | | | | | | | | | | | | | | | |
| Phone: <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> </table> | | | | | | | | | | | | Cell Phone: <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> </table> | | | | | | | | | | | |
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| Pager: <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"> </td> </tr> </table> | | | | | | | | | | | | E-mail: _____ | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Position Applying For: _____ | | Wage Desired: _____ | Shift Availability: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Either | | | | | | | | | | | | | | | | | | | | |
| Are you 18 Years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | If hired, can you provide documents required to prove you are legally permitted to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | |
| Can you perform all of the job functions of the position(s) for which you are applying, with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No | How did you hear about Highland Lakes Condominium Association? <input type="checkbox"/> Current Contractor <input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-In <input type="checkbox"/> Other: _____ If you were referred, who referred you? _____ | | | | | | | | | | | | | | | | | | | | | | |
| Have you applied for a position with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____ | List any relatives or friends employed by Highland Lakes Condominium Association Name: _____ Name: _____ | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a valid driver's license? <input type="checkbox"/> Yes, License#: _____ <input type="checkbox"/> No | If Applicable: Are you able to drive to and from Highland Lakes Condominium Association job site? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | |
| Equipment you can operate and other licenses obtained: _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Please List any license numbers you have for the following: Pesticide#: _____ CDL#: _____ | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|--|
| Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____ | Are there any other experiences, skill or qualifications, which you believe would especially qualify you for work here? _____ |
|--|--|

EMPLOYMENT BACKGROUND

| | | |
|---|--|--|
| List in order, most recent first, if presently employed, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Company #1 Name: _____ | Telephone: [][]-[][][][]-[][][][][] | Dates Employed:(mm/dd/yy) From: __/__/__ To: __/__/__ |
| Address: _____ _____ | Supervisor: _____ | Hourly Rate/Salary: Starting: \$ _____ Final: \$ _____ |
| Position: _____ | Reason for Leaving: _____ | |
| Professional Reference/Contact Person: _____ | Phone: [][][]-[][][][]-[][][][][] | Relationship: _____ |
| Duties and Responsibilities: _____ _____ | | |
| Company #2 Name: _____ | Telephone: [][][]-[][][][]-[][][][][] | Dates Employed:(mm/dd/yy) From: __/__/__ To: __/__/__ |
| Address: _____ _____ | Supervisor: _____ | Hourly Rate/Salary: Starting: \$ _____ Final: \$ _____ |
| Position: _____ | Reason for Leaving: _____ | |
| Professional Reference/Contact Person: _____ | Phone: [][][]-[][][][]-[][][][][] | Relationship: _____ |
| Duties and Responsibilities: _____ _____ | | |
| Company #3 Name: _____ | Telephone: [][][]-[][][][]-[][][][][] | Dates Employed:(mm/dd/yy) From: __/__/__ To: __/__/__ |

| | | |
|--|--------------------------------------|--|
| Address: _____ _____ | Supervisor: _____ | Hourly Rate/Salary: Starting: \$ _____ Final: \$ _____ |
| Position: _____ | Reason for Leaving: _____ | |
| Professional Reference/Contact Person: _____ | Phone: [][]-[][]-[][][][] | Relationship: _____ |
| Duties and Responsibilities: _____ _____ | | |

EDUCATION BACKGROUND

| Name of High School: _____ | | | |
|-----------------------------------|-----------------|--|-------------------------|
| Location | Course of Study | Did you Graduate? | List Diploma or Degree: |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | | _____ |

| Name of Trade or Business School: _____ | | | | |
|--|-----------------|--------------------------------------|--|-------------------------|
| Location | Course of Study | Dates: (mm/dd/yy) | Did you Graduate? | List Diploma or Degree: |
| _____ | _____ | From: ___/___/___ To: ___/___/___ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | | | _____ |

| Other: _____ | | | | |
|---------------------|-----------------|--------------------------------------|--|-------------------------|
| Location | Course of Study | Dates: (mm/dd/yy) | Did you Graduate? | List Diploma or Degree: |
| _____ | _____ | From: ___/___/___ To: ___/___/___ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| _____ | _____ | | | _____ |

| | |
|--|--|
| Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| if yes, dates of service: From: ___/___/___ To: ___/___/___ | |

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

Do you currently have felony charges pending against you? Yes No

If yes, please explain: _____

Have you ever been suspended or discharged from employment? Yes No

If yes, please explain: _____

Highland Lakes Condominium Association is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, religion, citizenship, handicap, height, weight, and marital status.

Under the Michigan Handicapper's Civil Rights Act, an employer has a legal obligation to accommodate an employee's or job applicant's disability unless doing so would impose an undue hardship on the employer. An employee or applicant may allege a violation against an employer regarding a failure to accommodate his or her handicap under the law only if the individual notifies the employer in writing of the need of the accommodation within 182 days after the need for an accommodation becomes known.

I hereby authorize an investigation of my past education, employment, activities, and statements contained in this application and release from all liability and responsibility all persons, companies, or corporations supplying such information.

- I certify that the above information about myself is correct and understand that false information may be sufficient cause for termination.
- I understand that any employment offer is contingent upon successful completion of a physical examination which includes a drug screen, completion of an employment eligibility verification and upon receipt of satisfactory references.
- I further declare that I am not using any illegal drugs and do not engage in improper self-medication.
- I understand and agree that, if hired, my employment would be at-will which means that it would be for no definite period, that I retain the right to terminate my employment at any time, with or without prior notice with or without cause, and Highland Lakes Condominium Association. Retains the same right. I understand that no oral or written communication, other than written communication, signed by the Property Manager, Maintenance Superintendent or Board of Directors may alter or modify my at-will employment status with Highland Lakes Condominium Association.

I understand that any and all causes of action arising out of employment must be brought forward within 180 days of the time of the cause of action, unless the law provides for less time.

Date: (MM/DD/YYYY)

- - 20

Applicant Signature

JOB RESPONSIBILITIES

Every employee is to strive to achieve excellence in results and personal conduct. The best interest of the employees and the Company depends upon a spirit of teamwork. Teamwork can only be achieved if all employees' work together as successfully as possible in an environment.

Each employee is responsible for conducting all personal and business affairs in a manner that is honest and ethical. Every employee must maintain a constant awareness of the importance of ethical conduct and refrain from taking part in asserting any influence in any transaction where the employee's well-being or the well-being of their family may conflict with the best interest of the Company.

All employees must conduct themselves and their activities and lives away from work in a manner, which will not diminish the Company's reputation or bring any embarrassment to the Company.

Generally, the Company will not seek out information about the off-work activities of its employees. Nevertheless, all employees must understand that their off-work activities may, in some instances, have a direct impact upon the Company, and the Company reserves the right to seek out information about the off-work activities of its employees and to discharge any employee who is determined by the Company to have violated the spirit, the intent, or the requirements of this employee handbook, or for any other action which is not in the best interest of the Company.

All employees are responsible for acting in the best interest of the Company in all matters relating to the Company. All employees are encouraged to seek guidance from a supervisor in the event that they have a question about a potential action or inaction. On such matter, the employee should request written confirmation from his or her supervisor.

Simply stated, what you do on your own time is the Company's business if it affects your work or the reputation of the Company in any way. Violations of this policy may result in discipline up to and including discharge.

I agree that I have read and understand the above job responsibilities. It is my responsibility to read, understand and abide by the above job responsibilities. I understand that this acknowledgment will become a permanent part of my personnel file.

Signature

Date: (MM/DD/YYYY)

- - 20

Print Name

DRIVING RECORD REPORT

AUTHORIZATION AND CONSENT FOR CONSUMER CREDIT INVESTIGATION (current as of 9/02)

Notification to Application/Employee that a Consumer Credit Report may be obtained by Employer

In compliance with Public law 91-508 (the Fair Credit Reporting Act), as amended by Public Law 104-208 (the Consumer Credit Reporting Reform Act of 1996) and applicable state law, this notice is to inform you that consumer credit report may be obtained in connection with your application for employment or current employment with Employer.

Signature of Applicant/Employee

Social Security Number

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Print Name

Date: (MM/DD/YYYY)

Driver License Number

--20

Date: (MM/DD/YYYY)

Name of Employer/ Company

--20

Authorization for Employer to obtain a consumer Credit Report

Signature below represents my voluntary authorization for the Employer, including its agents and representatives, to obtain a consumer credit report on me. I also acknowledge and certify that the Employer has provided me with prior written notification that a consumer credit report may be obtained on me, and that I have given a copy of the written notification as well as a copy of the authorization.

Signature of Applicant/Employee

Social Security Number

--

Print Name

Date: (MM/DD/YYYY)

Name of Employer/ Company

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APPLICANT-DO NOT WRITE ON THIS PAGE

| | |
|----------------------------------|---|
| Hr/Hiring Manager | Comments |
| Reviewed By: _____ | _____ |
| Date: __ / __ / __ | _____ |
| Recruiter: _____ | Referred to Department: <input type="checkbox"/> Yes <input type="checkbox"/> No Dept. Name: _____ |
| Date: __ / __ / __ | Explain: _____ |
| Department Interviewer: _____ | <input type="checkbox"/> Recommended for Hire |
| Date: __ / __ / __ | <input type="checkbox"/> Do not recommend for hire, Explain _____ |
| | <input type="checkbox"/> Future, Explain _____ |
| | <input type="checkbox"/> Other, Explain: _____ |

FOR DEPARTMENT USE:

| | |
|--|---|
| Starting Date: (MM/DD/YYYY) <input type="text"/> - <input type="text"/> -20 <input type="text"/> | Department: _____ |
| Job Title: _____ | Pay Rate: \$ _____ |
| <input type="checkbox"/> Replacement for: _____ | or <input type="checkbox"/> Addition of staff |
| <input type="checkbox"/> Full-time | or <input type="checkbox"/> Part-time _____ Hours per week |
| <input type="checkbox"/> Seasonal | or <input type="checkbox"/> Other: _____ |
| Location: _____ | Shift: _____ |
| Approved for employment: _____ | Date: (MM/DD/YYYY) <input type="text"/> - <input type="text"/> -20 <input type="text"/> |
| Signature | |

FOR HUMAN RESOURCES

| | |
|---|--|
| Orientation Date: (MM/DD/YYYY) <input type="text"/> - <input type="text"/> -20 <input type="text"/> | Standard benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Explain: _____ |
| Starting information verified and approved for employment: _____ | Date: (MM/DD/YYYY) <input type="text"/> - <input type="text"/> -20 <input type="text"/> |
| Signature | |

Authorization For Employer To Obtain A Consumer Report & Drivers License Record:

Full Name of Job Applicant/Employee: _____

Address: _____

Driver's License Number: _____

Date of Birth: _____ Date: _____

Consumer reports may be obtained as part of the Highland Lakes Condominium Association evaluation of my job application/employment. The reports may be procured by the Farm Bureau Insurance Agency, Inc. and may include my driving record, an assessment of my insurability under the Company's Insurance coverage or other consumer reports. By signing this disclosure, I hereby authorize the Company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability for employment or for other permissible purposes.

Signature of Job Applicant/Employee

Print Name of Job Applicant/Employee

OFFICE: Please Copy Applicant's Driver's License