



V I L L A G E
PROPERTY OWNERS ASSOCIATION, INC.
 1600 LedgeStone Way
 Branson West, MO 65737
 (417) 335-7869 Fax: (417) 336-1350

EMPLOYMENT APPLICATION

Social Security# _____ - _____ - _____

Date: _____

Name: _____

(Last / First / Middle)

Address: _____

(Number/Street /City/State/Zip)

Telephone: (_____) _____ - _____

Email Address: _____

Are you 18 years of age or older? ___ Yes ___ No

If hired, can you provide written evidence that you are authorized to work in the U.S.? ___ Yes ___ No

EDUCATION

| Type | Name/Location | Course of Study | #Years Completed | Degree/ Diploma |
|-----------------------|---------------|-----------------|------------------|--------------------|
| High School | _____ | _____ | _____ | _____ |
| College | _____ | _____ | _____ | _____ |
| Technical or Other | _____ | _____ | _____ | _____ |

EMPLOYMENT RECORD

| Company Name and Address | Kind of Work | Date: Started/Left | Rate of Pay | Reason for Leaving |
|--------------------------|--------------|-----------------------|----------------|--------------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |

EMERGENCY CONTACT INFO: _____

| City/State | Name | Phone Number | Address | Relationship to You |
|------------|-------|--------------|---------|---------------------|
| _____ | _____ | _____ | _____ | _____ |

REFERENCES (Do Not Include Relatives)

Name/Occupation/Years/Know Address

- 1. _____
- 2. _____
- 3. _____

EMPLOYMENT

Type of Work Desired _____ Salary Desired _____

How Were you Referred To Our Organization? _____

Do You Have Any Relatives Who Are Employed By This Organization? ___Yes___No

Please Specify: _____

Is there any information we would need about your name, or use of another name, for us to be able to check your work record? ___Yes___No

Please Specify: _____

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

APPLICANT’S STATEMENT

I understand that the employer follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial or employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ **Date:** _____