

SKYLINE LAKES PROPERTY OWNERS ASSOCIATION
EMPLOYMENT APPLICATION - EQUAL OPPORTUNITY EMPLOYER
PERSONAL

Last Name	First	Middle	Date
Street Address			Home Phone () Cell Phone ()
City, State, Zip			Email Address (gmail preferred)
Have you ever been employed here before? ___ Yes ___ No If yes, Month & Year _____			Social Security No.
Position Desired			
Are you currently employed? ___ Yes ___ No			Can we inquire of your present Employer? ___ Yes ___ No
Are you legally eligible for employment in the United States?			When will you be available to work? _____
Date of Birth:			

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL					
COLLEGE					

Are you attending school now? _____ Full-time? _____ Part-Time? _____

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

EMPLOYMENT HISTORY

LIST MOST RECENT EMPLOYER

EMPLOYER	Employed	Supervisor's Name
Address:	From ___ Mo./Yr.	Your Job Title:
	To ___ Mo./Yr.	Salary:
Telephone:	Duties:	

List all certifications and expiration dates

(List any scheduled classes as well)

List all known days to be requested off

Additional information

The information provided in this Application for Employment is true, correct, 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.

I understand that if I am hired, I will be required to provide documents establishing identity and legal employment eligibility.

Date: _____

Signature: _____