

Blue Lake Springs Homeowners' Association Employment Application

Please Use Ink or Type

Position Applying For _____ Date: _____

/ /

Last Name
First Name
Middle Initial
Social Security #

Mailing Address
Apt. #
City
State
Zip Code

Physical Address
Apt. #
City
State
Zip Code

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Home /Cell Number
Email Address
Emergency Contact Person/Number

Are you currently employed? yes no

Drivers License Number / State

May we contact you at work? yes no

If you are a finalist for this position, may we contact your current employer for a reference? yes no

Are you legally eligible for employment in the United States? yes no
 (Proof of eligibility will be required at time of employment.)

Are you aware of any reason why you cannot perform the essential functions of this job with or without reasonable accommodation? yes no

Do you have relatives working for BLSHA? yes no

Have you ever applied for employment or been employed by BLSHA? yes no

When _____ Position Applied for _____

REFERENCES: Please list below the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED

Please list your special skills or experience for the position applied for.

Personal Information

What level of education attained? College GED High School

Personal Information

School Level	Name and Location of School	# of Years	Graduate?	Subjects Studied
High School				
College				
Trade School				

List any special training, workshops, seminars, etc. in which you have participated which relate to or are required for this position, certification (s), or other miscellaneous qualifications: _____

EMPLOYMENT HISTORY: Beginning with your most recent job, list all employment for the last three positions.

Employment History

Company Name	Position/Title	From (Month/Year) To (Month/Year)
Address	Phone #	Supervisor
Hours worked per week	Reason for leaving	

Company Name	Position/Title	From (Month/Year) To (Month/Year)
Address	Phone #	Supervisor
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Company Name	Position/Title	From (Month/Year) To (Month/Year)
Address	Phone #	Supervisor
Hours worked per week	Reason for leaving	

I certify that all statements made in this application and the attachments (if applicable) are true and complete to the best of my knowledge. I understand that any false statements or omission of material facts may subject me to disqualification or dismissal.

I agree to the above statement yes no

Signature

Date