

Leisure Village Association, Inc.

An Equal Opportunity Employer

Application for Employment

Please print legibly in ink. Please use extra pages as necessary in order to answer fully and completely.

Position Desired: _____

Date: _____

PERSONAL DATA

Name: _____ Telephone No.: _____
(Print) Last First Middle

Current _____
Address: Street and Number City State Zip

Are you 18 years of age or older? (If under 18, hire is subject to verification that you are of minimum legal age) [] Yes [] No
When are you available to start work? _____

Is there anything that might interfere with your ability to begin work immediately following an appropriate notice to your current employer? Yes No If Yes, please explain: _____

If hired, can you present evidence of your legal right to live and work in this country? Yes No

Have you ever worked for Leisure Village Association before? Yes No If yes, please give dates and position(s) held: _____

Do you have friends or relatives working for Leisure Village Association? (We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could cause conflicts of interest.) Yes No If yes, please give names and relationship: _____

How were you referred to Leisure Village Association? _____

Are you available for full-time work? Yes No If no, and prefer part-time, please list what days and times you are available: _____
Will you work overtime if asked? Yes No

Would you consider working in a job position other than the one for which you are applying for? Yes No

EDUCATION

School Name Address and City	Years Completed (Circle)	Diploma/Degree/ Certificate Awarded	Describe course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/ Professional	1 2 3 4			
Trade or Correspondence				
Other				

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your last four employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. Use additional pages if needed to provide complete information.

Present or Last Employer	Employed		Your Title or Position and Job Duties
	From: (mo/yr)	To (mo/yr)	
Address			
City, State, Zip Code		Name and Title of Last Supervisor	
Telephone		Reason for Leaving	
Previous Employer	Employed		Your Title or Position and Job Duties
	From: (mo/yr)	To (mo/yr)	
Address			
City, State, Zip Code		Name and Title of Last Supervisor	
Telephone		Reason for Leaving	
Previous Employer	Employed		Your Title or Position and Job Duties
	From: (mo/yr)	To (mo/yr)	
Address			
City, State, Zip Code		Name and Title of Last Supervisor	
Telephone		Reason for Leaving	
Previous Employer	Employed		Your Title or Position and Job Duties
	From: (mo/yr)	To (mo/yr)	
Address			
City, State, Zip Code		Name and Title of Last Supervisor	
Telephone		Reason for Leaving	

May we contact your current employer? Yes No If No, please explain: _____

PREVIOUS EXPERIENCE

Please indicate any actual experience, special skills, or training that you feel is relevant to the position for which you are applying:

Please list any professional attainments, professional society memberships, honors, awards, patents (granted and pending) and licenses that you feel are relevant to the position for which you are applying: _____

What shop or office equipment do you know how to use? _____

Are you able to perform the essential functions of the job, either with or without reasonable accommodation? Yes No If No, please explain: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and skill and agility tests).

Please read carefully, initial each paragraph and sign below.

I certify that the information provided herein is correct to the best of my knowledge and belief. I am aware that failure to complete this application, intentional omissions or misstatements may result in refusal of employment or discharge according to what the law permits. I authorize the references and contacts listed to provide you with any and all relevant information, personal or otherwise, and I release all parties from all liability for any damages that may result from furnishing the same to you. In consideration of my employment, I agree to conform to the rules and regulations set forth by **Leisure Village Association**.

I understand that each employee of **Leisure Village Association** is an at-will employee unless specifically notified otherwise in writing. That is, I may terminate our employment relationship at any time, for any reason, and **Leisure Village Association** has the same right to terminate our employment relationship at any time and for any reason. I understand that this at-will relationship cannot be modified or changed during my employment except by specific written agreement between me and Leisure Village Association.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Leisure Village Association will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

Signature: _____

Date: _____

Please do not write below this

Interviewed by: _____ Date interviewed: ____/____/____

Time of interview: ____:____ a.m./p.m.

Contingent offer of employment made? Yes No Offer letter provided to candidate? Yes No
(contingent upon fit for duty test or background check)

Position offered: _____ Department: _____

If position requires driving a vehicle, what is candidate's driver license: _____ State _____

Salary offered: \$ _____

Candidate accepted offer and hired? Yes No First day of work: ____/____/____ Time: ____:____ a.m./p.m.

Create Notice to Employee (Labor Code section 2810.5) form for employee's first day of work.