

Massanutten Property Owners Association

An Equal Opportunity Employer

Application for Employment

Employees and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, sex or age.

1. Position applied for _____

(one per application)

2. Full legal name _____

last first middle

3. Home Phone _____

5. Business Phone _____

4. Address _____

6. EDUCATION

a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

b. Name and location of last primary or secondary school attended _____

c. If you did not complete high school, do you have equivalency diploma? _____ yes _____ no

d. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree	Major or Specialty	Minor
<u>1.</u>				
<u>2.</u>				
<u>3.</u>				

e. If you expect to complete your education program in the near future, please indicate what type of degree and when you expect to receive it. _____

7. EXPERIENCE

Please describe all paid, military and applicable voluntary experience starting with the most recent. You may list significantly different jobs within the same organization as separate items. If you need additional space please use a supplementary experience form.

May we contact your present supervisor? _____ yes _____ no

Job Title _____

Duties _____

Employer _____

Address _____

Phone _____

Type of Business _____

Number and type of employees supervised _____

Immediate Supervisor _____

Equipment used _____

Title _____

Reason for leaving _____

Salary (start) _____ (finish) _____

Name if different from present _____

Dates from _____ to _____

Job Title _____

Duties _____

Employer _____

Address _____

Phone _____

Type of Business _____

Number and type of employees supervised _____

Immediate Supervisor _____

Equipment used _____

Title _____

Reason for leaving _____

Salary (start) _____ (finish) _____

Name if different from present _____

Dates from _____ to _____

Job Title _____

Duties _____

Employer _____

Address _____

Phone _____

Type of Business _____

Number and type of employees supervised _____

Immediate Supervisor _____

Equipment used _____

Title _____

Reason for leaving _____

Salary (start) _____ (finish) _____

Name if different from present _____

Dates from _____ to _____

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops or special achievements. _____

Typing speed _____ words per minute. Shorthand speed _____ words per minute.

License (other than driver's), certificates or other authorization to practice a trade or profession.

Type	License Number	Expiration Date	Granted by (licensing board)

8. REFERENCES

List names and address of three persons not related to you who know your qualifications:

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

9. MISCELLANEOUS

- a. Are you willing to accept employment, which requires you to travel?
____ Yes, during the day only.
____ Yes, occasionally overnight only.
____ Yes, both during the day and occasionally overnight.
____ No, I will not travel.
- b. Are you willing to work: ____ during the day only, ____ any shift other than day, ____ any shift?
- c. Will you accept employment which is (check one): ____ permanent, ____ Temporary, ____ either permanent or temporary?
Will you accept employment which is (check one): ____ full time, ____ part time, ____ either full time or part time?
- d. For purposes of compliance with section 40.1-11.1 of the Code of Virginia, entitled "Employment of Illegal Immigrants," are you legally eligible for employment in the United States? ____ Yes
____ No. (You are legally eligible for employment if you are a United States citizen or if you have an appropriate permit to work in the United States issued by the U.S. Department of Justice or U.S. Department of Labor.)
- e. Have you ever been convicted of a moving traffic violation(s) ____ Yes ____ No If yes, please explain _____
- f. Have you ever been convicted of a crime (a misdemeanor or a felony)? ____ Yes ____ No If yes, please explain: _____

10. When will you be available to start work? (No date is necessary if you are available as soon as you give adequate notice.) ____ Month ____ Day ____ Year.

11. CERTIFICATION

I hereby affirm that the information contained in this application is true and complete and authorize the company and / or its agent to use any and all means necessary, including the referral of my application to a consumer reporting agency or agencies, to verify the above information. I release MPOA and/or previous employers from any claims resulting from reference or background checks. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application, or for dismissal if such false statement is discovered subsequent to my employment. I understand that I can resign at any time and for any reason, and the company may release me at any time and for any reason. I understand that my at-will status can only be modified by a document in writing signed by the administrator or president of the company.

DATE

APPLICANT SIGNATURE