

Please print in ink or use typewriter

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 _____ 2. Social Security Number _____
(one per application)

2. Full legal name _____ 3. Home Phone _____
last first middle Cell

Phone _____ Email _____

4. Address _____
City State Zip

Are you 18 years + ___yes___no * if under 18, list age _____

5. EDUCATION

- a. Circle 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. Circle 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
1.				
2.				
3.				

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 _____
 Employer _____
 Address _____
 Phone _____
 Type of Business _____
 Immediate Supervisor _____
 Title _____
 Salary (start) _____ (finish) _____

Dates from _____ to _____
 Duties _____

 Equipment used _____
 Reason for leaving _____
 Name if different from present _____

Job Title _____
 Employer _____
 Address _____
 Phone _____
 Type of Business _____
 Immediate Supervisor _____
 Title _____
 Salary (start) _____ (finish) _____

Dates from _____ to _____
 Duties _____

 Equipment used _____
 Reason for leaving _____
 Name if different from present _____

Job Title _____
 Employer _____
 Address _____
 Phone _____
 Type of Business _____
 Immediate Supervisor _____
 Title _____
 Salary (start) _____ (finish) _____

Dates from _____ to _____
 Duties _____

 Equipment used _____
 Reason for leaving _____
 Name if different from present _____

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

- Are you willing to work: ___ during the day only, ___ any shift other than day, ___ any shift?
- 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?
- 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.)
- Have you ever been convicted of a moving traffic violation(s) ___ Yes ___ No If yes, please explain -

- 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