

Please print

# 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 \_\_\_\_\_ 3. Phone \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

4. Address \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Are you 18 years + \_\_\_\_\_ \* 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 \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

Job Title \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Immediate Supervisor \_\_\_\_\_  
 Title \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
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 Reason for leaving \_\_\_\_\_

Job Title \_\_\_\_\_  
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 Address \_\_\_\_\_  
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 Immediate Supervisor \_\_\_\_\_  
 Title \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

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

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? You do not need to report any expunged convictions or any records not subject for public review. \_\_\_\_\_

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 \_\_\_\_\_.