



41 Ashlawn Boulevard
 Palmyra, VA 22963
 (434) 589-8263
www.LMOA.org

Employment Application

LMOA is an Equal Opportunity Employer

All statements made by applicants for employment on this application form will be checked for accuracy. Lake Monticello Owners' Association (LMOA) offers equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, sexual orientation, national origin, citizenship status, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S., or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.

Personal Information

 Name (First, Middle, Last)

 Current Address City State Zip

 Phone Number Emergency Phone Number

 Email Address

Are you at least 18 years of age? ____ Yes ____ No (Employment is subject to verification of minimum legal age).

Can you produce documented proof of your identity & eligibility for employment in the US? ____ Yes ____ No

(Examples: driver's license, social security card, birth certificate, and/or Immigration and Naturalization Service Documents)

Position Information

 Position Applying For

 How soon could you report to work?

Rate of Pay Expected: _____ Current Rate of Pay _____

Type of Employment Desired: Full Time ____ Part time ____ Temporary ____ On Call ____

Hours Expected: _____ AM to _____ PM

Availability: ____ Any ____ Sunday ____ Monday ____ Tuesday ____ Wednesday ____ Thursday
 ____ Friday ____ Saturday

Additional Information

Have you applied for a job with LMOA before? ____ Yes ____ No

Have you ever worked for LMOA before? ____ Yes ____ No

How did you hear about this position? ____ Employee Referral ____ Former Employee ____ GM Corner
 ____ Website ____ Indeed ____ Fluvanna Review ____ Other

Have you ever been bonded? ____ Yes ____ No Have you ever refused a bond? ____ Yes ____ No

If yes, state the reason and date: _____

Continued on next Page



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Have you ever been convicted of a felony or misdemeanor, except for a case expunged, sealed, or dismissed?

____ Yes ____ No

If yes, state the offense, date, court, and place where offense occurred: _____

Have you ever been discharged or requested to resign from a position? ____ Yes ____ No

Are you currently employed? ____ Yes ____ No

Why do you want to make a change? _____

Did you ever serve in the Armed Forces? ____ Yes ____ No | Which Branch? _____

Dates of Service: _____

Did you hold any security clearance? ____ Yes ____ No

If yes, what level? _____

Education

High School Name & Location: _____

Did you Graduate? ____ Yes ____ No | Last Year Completed: _____

College Name & Location: _____

Did you Graduate? ____ Yes ____ No | Last Year Completed: _____

Courses Majored In: _____

Degree _____

Post College Name & Location: _____

Did you Graduate? ____ Yes ____ No | Last Year Completed: _____

Courses Majored In: _____

Degree _____

Continued on next Page



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Work History

Please list your last 3 Employers, beginning with your current employer, if applicable.

Most Recent or Current Employer Name: _____

Address: _____

Phone Number: _____

Date Hired: _____

Starting Rate: _____

Ending Rate: _____

Date Left (if applicable): _____

May we contact this employer? _____ Yes _____ No

Immediate Supervisor (Name and Position): _____

Most Recent or Current Job Title: _____

Duties: _____

Reason for leaving: _____

Former Employer 2 Name: _____

Address: _____

Phone Number: _____

Date Hired: _____

Starting Rate: _____

Ending Rate: _____

Continued on next Page



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Date Left:

May we contact this employer? Yes No

Immediate Supervisor (Name and Position):

Job Title:

Duties: _____

Reason for leaving: _____

Former Employer 3 Name:

Address:

Phone Number:

Date Hired:

Starting Rate:

Ending Rate:

Date Left:

May we contact this employer? Yes No

Immediate Supervisor (Name and Position):

Job Title:

Duties: _____



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Reason for leaving: _____

Additional Information

Please provide any additional information such as special skills, training, experience, equipment operation, or other qualifications you feel will be helpful to us in considering your application. List licenses, certifications to practice a trade or profession. Also list any software proficiencies.

References

Please do not list relatives.

Reference 1: Name _____ Phone Number: _____

Address _____

Reference 2: Name _____ Phone Number: _____

Address _____

Reference 3: Name _____ Phone Number: _____

Address _____

Job Applicants Agreement & Certification

I certify that all the information contained in this application is true and accurate. I understand and agree that false statement or misrepresentations in my application will be grounds for rejection to employ or termination, regardless of time of discovery, if employed. I understand, following interview(s), that LMOA will verify my work history and all the information provided in my application as well the oral interview(s). Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of LMOA. I hereby disclaim the existence of any contract of employment, either expressed or implied. I understand that if I am employed, such employment is for no definite period of time and LMOA can change wages, benefits and conditions at any time. If employed, I agree to conform to all LMOA rules and regulations. I understand that LMOA, at its discretion, may conduct searches of association or personal property, and I consent to any such search. I also understand that all persons seeking employment or employed at LMOA may be required to take and pass a screen for illegal drugs, and may be subject to periodic tests for illegal drugs. I consent to provide urine/blood specimens required for testing at a collection facility specified by LMOA. ***I have read and agree to all provisions as stated:***

Applicants Signature _____ Applicants Printed Name _____ Date _____