



Application for Employment

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

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)
Present Address
City State Zip
Phone Number Emergency Phone Number
Email Address
If at present address for less than one year, please give previous 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 and eligibility for employment in the United States? 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
Type of employment desired Full Time Part Time Temporary Casual Hours expected AM to PM
Schedule Preference Any Sun Mon Tues Wed Thur Fri Sat

ADDITIONAL INFORMATION

Have you applied for a job with us before? Yes No Have you ever worked for us before? Yes No
How did you come to apply? Employee Referral Former Employee Newspaper Ad High School Recruitment
College Recruitment Walk-In Web Site Other:
Have you ever been bonded? Yes No Have you ever been refused a bond? Yes No
If ever refused a bond, state reason and date
Have you ever been convicted of a felony or misdemeanor, except for a case expunged, sealed or dismissed? Yes No
If yes, state offense, date, court, and place where offense occurred
(a conviction will not necessarily disqualify you from employment)
Have you ever been discharged or requested to resign from a position? Yes No
Are you employed now? Yes No
Why do you desire to make a change?
Did you ever serve in the Armed Forces? Yes No Which branch?
Dates of services:
Have you held any security clearance? Yes No
If yes, what level?

EDUCATION

| | |
|---------------|--|
| Middle School | Name and Location of School: |
| High School | Name and Location of School: |
| | Courses Majored In: Last Year Completed: |
| | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Degree: |
| College | Name and Location of School: |
| | Courses Majored In: Last Year Completed: |
| | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Degree: |
| Post College | Name and Location of School: |
| | Courses Majored In: Last Year Completed: |
| | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Degree: |

PRIOR WORK RECORD

(START WITH MOST RECENT OR PRESENT EMPLOYER AND COMPLETE IN FULL)

| | |
|----|--|
| 1. | Name of Most Recent Employer: |
| | Address: |
| | Date Hired: Starting Rate: Telephone Number: |
| | Date Left: Last Rate: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Immediate Supervisor (Name & Position): |
| | Job Title: |
| | Duties: |
| | Reason for leaving: |
| 2. | Name of Former Employer: |
| | Address: |
| | Date Hired: Starting Rate: Telephone Number: |
| | Date Left: Last Rate: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Immediate Supervisor (Name & Position): |
| | Job Title: |
| | Duties: |
| | Reason for leaving: |
| 3. | Name of Former Employer: |
| | Address: |
| | Date Hired: Starting Rate: Telephone Number: |
| | Date Left: Last Rate: May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Immediate Supervisor (Name & Position): |
| | Job Title: |
| | Duties: |
| | Reason for leaving: |

PRIOR WORK RECORD (CONTINUED)

| | | | |
|----|---|----------------|--|
| 4. | Name of Former Employer: | | |
| | Address: | | |
| | Date Hired: | Starting Rate: | Telephone Number: |
| | Date Left: | Last Rate: | May we contact this employer? <u> </u> Yes <u> </u> No |
| | Immediate Supervisor (Name & Position): | | |
| | Job Title: | | |
| | Duties: | | |
| | Reason for leaving: | | |

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 software and proficiency for each.

**REFERENCES
(DO NOT LIST RELATIVES OR FORMER EMPLOYERS)**

| | |
|----------|-------------------|
| Name: | Telephone Number: |
| Address: | |
| Name: | Telephone Number: |
| Address: | |
| Name: | Telephone Number: |
| Address: | |

JOB APPLICANT'S AGREEMENT AND 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:"

Signed by applicant: _____ Date: _____