

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

POSITION APPLYING FOR: _____ DESIRED WAGE / SALARY: _____

DATE OF APPLICATION: _____ DATE AVAILABLE: _____

Full Name:		AKA:
Current Address:		How Long:
Past Address:		How Long:
Home Telephone:	Cell:	Email:

GENERAL INFORMATION

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)	Yes	No
If hired, would you have a reliable means of transportation to and from work?	Yes	No
Have you ever applied to or worked for this company? If yes, provide job title and dates.	Yes	No
Do you have any relatives and/or friends working at this company? If yes, state name(s) and relationships below.	Yes	No
Were you referred to this position by anyone? If yes, by whom?	Yes	No
Would you be available to work overtime, if necessary?	Yes	No
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? If no, describe the functions that cannot be performed.	Yes	No
Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.		

EDUCATION, TRAINING, AND EXPERIENCE

NAME OF HIGH SCHOOL	CITY & STATE	NO. OF YRS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA	
Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for the position you're applying for? If yes, please explain.				Yes	No

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. Attach additional pages as necessary.

1	NAME OF EMPLOYER	FROM		TO		JOB TITLE
		MO	YR	MO	YR	
TYPE OF BUSINESS						DESCRIBE YOUR DUTIES
ADDRESS						
TELEPHONE						
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING				MAY WE CONTACT THIS EMPLOYER?
2	NAME OF EMPLOYER	FROM		TO		JOB TITLE
		MO	YR	MO	YR	
TYPE OF BUSINESS						DESCRIBE YOUR DUTIES
ADDRESS						
TELEPHONE						
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING				MAY WE CONTACT THIS EMPLOYER?
3	NAME OF EMPLOYER	FROM		TO		JOB TITLE
		MO	YR	MO	YR	
TYPE OF BUSINESS						DESCRIBE YOUR DUTIES
ADDRESS						
TELEPHONE						
NAME & TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING				MAY WE CONTACT THIS EMPLOYER?
PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:						

REFERENCES – List below three persons not related to you who have knowledge of your work performance within the last three years.

NAME	BUSINESS NAME	PHONE NUMBER/E-MAIL	NO. OF YEARS ACQUAINTED

PLEASE READ CAREFULLY AND SIGN BELOW:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the Company to thoroughly investigate my references, work records, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are being made on the company unless made in writing and signed by me and the Company's designated representative.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

I acknowledge that I have read and understand the above statements.

Applicant Signature

Printed Name

Date

EEO / Affirmative Action / Veteran Disclosure For

Name _____

Date:

✓ **LAST FOUR DIGITS OF SOCIAL SECURITY#** _____

✓ **Please Print Exact Job Title for Which You're Applying** _____

The Villages is committed to **EQUAL EMPLOYMENT OPPORTUNITY (EEO), AFFIRMATIVE ACTION** and **VETERAN EMPLOYMENT** practices. We ask that all applicants **VOLUNTARILY** provide the following information to monitor compliance with various governmental requirements.

Thank you for your cooperation.

✓ **CHECK ALL THAT APPLY**

MALE [M]

WHITE [W]

FEMALE [F]

AMERICAN INDIAN / ALASKAN NATIVE [I]

ASIAN [A]

NATIVE HAWAIIAN/PACIFIC ISLANDER [O]

BLACK OR AFRICAN-AMERICAN [B]

TWO OR MORE RACES [T]

HISPANIC OR LATINO [H]

I choose not to provide the information requested. [Z]

✓ VIETNAM ERA VETERAN
_____ No _____ Yes

Served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released with other than a dishonorable discharge or because of a service connected disability.

✓ SPECIAL DISABLED VETERAN
_____ No _____ Yes

Entitled to disability compensation under laws administered by the Veteran's Administration for a disability rated 30 percent or more or rated at 10-20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C., to have a serious employment disability, or charged/released from active duty because of a service connected disability.

✓ NEWLY SEPARATED VETERAN
_____ No _____ Yes

Released or discharged from active duty within last one year period.