

Lakes of the Four Seasons Employment Application



It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: _____

Driver's State: _____ Drivers Licenses #: _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Have you ever been convicted of a crime in the past seven years (you are not obligated to disclose sealed or expunged criminal records)? YES ☐ NO ☐

If you answered yes, please explain:

Have you ever served in the U.S. Military? YES ☐ NO ☐

If yes, please provide the following information:

Branch of Service _____ Rank at time of separation _____

I served from _____ to _____

Special Honors:

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Previous Employment

Present or Most Recent Employer

Employer: _____ Your Position: _____

Address: _____

Salary: _____ Dates of Employment: _____ to _____

Duties: _____

Supervisor: _____ Title: _____

May we contact?

YES

NO

Contact Number: _____

☐☐

Reason for Leaving:

Prior Employer:

Employer: _____ Your Position: _____

Address: _____

Salary: _____ Dates of Employment: _____ to _____

Duties: _____

Supervisor: _____ Title: _____

May we contact?

YES

NO

Contact Number: _____

☐☐

Reason for Leaving:

Prior Employer:

Employer: _____ Your Position: _____

Address: _____

Salary: _____ Dates of Employment: _____ to _____

Duties: _____

Supervisor: _____ Title: _____

May we contact?

YES

NO

Contact Number: _____

☐☐

Reason for Leaving:

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Last Name _____ First Name _____ Middle Initial _____

References:

Give the names of three persons not related to you, whom you have known at least one year

Name: _____ Address: _____ Yrs. Acquainted _____

Name: _____ Address: _____ Yrs. Acquainted _____

Name: _____ Address: _____ Yrs. Acquainted _____

THE FOLLOWING STATEMENT APPLIES IN MARYLAND & MASSACHUSETTS. (FILL IN NAME OF STATE)

IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A
CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE
SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

SIGNATURE OF APPLICANT

In case of an emergency notify:

Name: _____ Address _____ Phone Number _____

Disclaimer and Signature

I hereby certify that my answers and assertions set forth in this application are true and complete to the best of my knowledge. If I am employed, I understand that any false statements on this application shall be considered sufficient cause for my dismissal. I hereby authorize this company to investigate any aspects of my prior educational and employment history.

Furthermore, I understand that if I am hired, employment with this company is "at will," which means that either the company or I can terminate my employment for any reason not prohibited by state or federal law.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

NEATNESS: _____ ABILITY: _____

HIRED YES NO
 ☐ ☐

POSITION: _____ DEPARTMENT: _____

SALARY / WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED: 1. _____ 2. _____

DEPARTMENT HEAD

COMMUNITY MANAGER

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Education

High School Name: _____

NAME and ADDRESS

Did you graduate? YES NO Attended from _____ to _____
☐ ☐

Degree of Certification: _____

Specialty: _____

Special honors or awards: _____

Technical or Vocational School Name: _____

NAME and ADDRESS

Did you graduate? YES NO Attended from _____ to _____
☐ ☐

Degree of Certification: _____

Specialty: _____

Special honors or awards: _____

College or University Name: _____

NAME and ADDRESS

Did you graduate? YES NO Attended from _____ to _____
☐ ☐

Degree: _____ Major: _____

Special honors or awards: _____

College or University Name: _____

NAME and ADDRESS

Did you graduate? YES NO Attended from _____ to _____
☐ ☐

Degree: _____ Major: _____

Special honors or awards: _____

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Last Name _____ First Name _____ Middle Initial _____

Position Information

Position Specifications

Position Applying For: _____

How did you hear about this job? _____

What hours are you willing to work? _____

Would you be able to work weekends?

YES

NO

☐☐

Are you currently employed now?

YES

NO

☐☐

If so may we inquire of your present employer?

YES

NO

☐☐

Have you ever applied to this company before?

YES

NO

☐☐

What Department: _____ When: _____

When would you be able to start? _____

Desired salary: _____ Per _____

Ability to work Holiday's / Special Events?

YES

NO

☐☐

Skills

Please describe any skills you have in the following areas:

Computer:

Languages:

Other:
