

Cowell Homeowners Association (CHOA) Employment Application

CHOA is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability.

Personal Information

First Name: _____ Middle: _____ Last Name: _____ Birthdate: _____
Address: _____
Home Phone Number: _____ Cell Phone Number: _____
Email Address: _____

Position Preferences

For what position are you applying? _____
Salary Desired: \$ _____ per hour. Schedule Desired: Full Time _____ Part Time: _____
Could you work overtime? Yes _____ No _____ What date could you start work? _____

Education

High School	College
School Name: _____	School Name: _____
City and State: _____	City and State: _____
Did you graduate? Yes _____ If No, Yrs. Completed _____	Years Completed: _____

List any certificates earned or in progress, and/or any additional training programs (CPR, First Aid, Lifeguarding):

Previous Employment

List your current or most recent employment first. Include work related internships and volunteer work.

Current Employer

Name: _____
City and State: _____
Phone Number: _____
Dates of Employment: _____ to _____
Position Title: _____
Salary: \$ _____ per Hour Week Month
(Circle one)
Supervisor's name: _____
Reason for leaving: _____

May we contact your employer? _____

Previous Employer

Name: _____
City and State: _____
Phone Number: _____
Dates of Employment: _____ to _____
Position Title: _____
Salary: \$ _____ per Hour Week Month
(Circle one)
Supervisor's name: _____
Reason for leaving: _____

May we contact your employer? _____

References (3 required)

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Releases and Applicant Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. The reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility from doing so. I hereby consent to obtaining the above information by CHOA and/or any of their agents. This authorization and consent shall be valid in original, fax, or electronic copy form.

Your Initials

All hiring and employment at CHOA is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by CHOA has no specific term and may be terminated by the employee or CHOA with or without notice. I acknowledge that CHOA has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with CHOA, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to CHOA. I agree to release and hold harmless CHOA from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misinterpretation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with CHOA may be terminated.

Applicant Signature

Date