

COWELL HOMEOWNERS ASSOCIATION, INC.

4498 Lawson Ct • 925-687-9961 • businessoffice@walnutcountry.com • www.walnutcountry.com

EMPLOYMENT APPLICATION

Cowell Homeowners Association, Inc. 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. Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position You Are Applying For

Available Start Date

PERSONAL INFORMATION | *Please print neatly*

If you are under the age of 18, can you provide a work permit? Yes No

Full Legal Name

Social Security Number

Street Address

City

State/Zip

Date of Birth

Phone Number

Email Address

Reference #1 (Required)

Phone Number

Relationship

Reference #2 (Optional)

Phone Number

Relationship

EDUCATION | *What is your current grade level?* 9th 10th 11th 12th College N/A

High School Attended

Graduation Year

College (If Applicable)

Graduation Year (If Applicable)

APPLICANT SIGNATURE | *Please read below and sign indicating that the information provided is true and accurate*

All hiring and employment at Cowell Homeowners Association, Inc is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Cowell Homeowners Association, Inc has no specific term and may be terminated by the employee or Cowell Homeowners Association, Inc with or without notice. I acknowledge that Cowell Homeowners Association, Inc 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 Cowell Homeowners Association, Inc, and that failure to provide this evidence will result in the termination of my employment.

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that if any misinterpretation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Cowell Homeowners Association, Inc may be terminated.

Applicant Name

Applicant Signature

Date