

SPRUCE CREEK PROPERTY OWNERS ASSOCIATION

Employment Application (An Equal Opportunity Employer)



APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City				State		ZIP			
Phone			E-mail Address						
Date Available			Social Security No.			D.O.B.			
Position Applied for									
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a current Florida Class D Security License?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Expiration Date:				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EDUCATION									
High School			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College			Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Have you worked for Spruce Creek before?				When and why did you leave?					

REFERENCES									
<i>Please list two professional references.</i>									
Full Name			Relationship						
Company					Phone				
Address									
Full Name			Relationship						
Company					Phone				
Address									

Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES NO
 If YES, what can be done to accommodate your limitation?

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Emergency Contact:	Phone:

Address:

PREVIOUS EMPLOYMENT										
Company						Phone				
Address						Supervisor				
Job Title				Starting Salary		\$		Ending Salary		
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company						Phone				
Address						Supervisor				
Job Title				Starting Salary		\$		Ending Salary		
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company						Phone				
Address						Supervisor				
Job Title				Starting Salary		\$		Ending Salary		
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company						Phone				
Address						Supervisor				
Job Title				Starting Salary		\$		Ending Salary		
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
MILITARY SERVICE										
Branch						From			To	
Rank at Discharge						Type of Discharge				

DISCLAIMER AND SIGNATURE			
<p>I certify that my answers are true and complete to the best of my knowledge. I authorize investigation into all statements herein contained and the references and employment information provided. This is a drug-free workplace with pre-employment and random drug testing after employment. I understand and agree, that if hired, my employment is for no definite period and may be terminated at any time without notice. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my dismissal.</p>			
Signature			Date

Employer Comments:

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