



# Eagle Lake



## Application for Employment

PO Box 305 Rt. 435, Gouldsboro, PA 18424

**\*Eagle Lake Community Association, Inc. \*IS AN EQUAL OPPORTUNITY EMPLOYER.** Eagle Lake Community Association, Inc. ensures all job applicants are considered for employment without discrimination on the basis of race, color, creed, religion, ancestry, age, sex, marital status, pregnancy, sexual orientation, medical condition, national origin, disability or handicap, veteran status, or other basis prohibited by law.

### EMPLOYMENT INFORMATION

LAST NAME		FIRST NAME		M.I.	SOCIAL SECURITY NO.
ADDRESS		CITY		STATE	ZIP
TOWNSHIP/BORO	PHONE NO. (    )		E-MAIL ADDRESS		

### EMPLOYMENT DESIRED

POSITION		DATES OF AVAILABILITY		SALARY DESIRED
AVAILABILITY FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>		DO YOU HAVE ANY RELATIVES WHO WORK FOR OUR ORGANIZATION?    YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, NAME OF RELATIVE
HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY BEFORE?    YES <input type="checkbox"/> NO <input type="checkbox"/>		WHEN?	DEPARTMENT	

### EDUCATION

HIGH SCHOOL	YEARS COMPLETED	GRADUATE YES <input type="checkbox"/> NO <input type="checkbox"/> CURRENT STUDENT <input type="checkbox"/>
COLLEGE	YEARS COMPLETED	GRADUATE YES <input type="checkbox"/> NO <input type="checkbox"/> CURRENT STUDENT <input type="checkbox"/>
OTHER	YEARS COMPLETED	GRADUATE YES <input type="checkbox"/> NO <input type="checkbox"/> CURRENT STUDENT <input type="checkbox"/>

### GENERAL INFORMATION

US MILITARY SERVICE	BRANCH/DUTY/LOCATION	HIGHEST RANK	DATES OF SERVICE
ARE YOU CURRENTLY ENROLLED IN MILITARY RESERVE?    YES <input type="checkbox"/> NO <input type="checkbox"/>	Branch	Rank	Location    Years Enrolled:
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? (PROOF OF IDENTITY AND ELIGIBILITY WILL BE REQUIRED UPON EMPLOYMENT)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? (A conviction will not necessarily result in the denial of employment)		YES <input type="checkbox"/>	NO <input type="checkbox"/> IF YES, PLEASE EXPLAIN:
PLEASE LIST ANY CERTIFICATION(S) RELEVANT TO THE POSITION ALONG WITH EXPIRATION DATES:			

CONTINUED ON REVERSE SIDE

**EMPLOYMENT HISTORY (List Most Recent or Current Employer First)**

EMPLOYER	PHONE	HIRE DATE	END DATE
ADDRESS		CITY, STATE, ZIP	
DUTIES		SUPERVISORS NAME	
REASON FOR LEAVING		STARTING WAGE	ENDING WAGE
EMPLOYER	PHONE	HIRE DATE	END DATE
ADDRESS		CITY, STATE, ZIP	
DUTIES		SUPERVISORS NAME	
REASON FOR LEAVING		STARTING WAGE	ENDING WAGE
EMPLOYER	PHONE	HIRE DATE	END DATE
ADDRESS		CITY, STATE, ZIP	
DUTIES		SUPERVISORS NAME	
REASON FOR LEAVING		STARTING WAGE	ENDING WAGE

**PERSONAL REFERENCES** *Please give below the names of three persons not related to you, whom you have known at least one year*

NAME	PHONE NUMBER	OCCUPATION/BUSINESS	YEARS KNOWN

**DISCLAIMER AND SIGNATURE**

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE [ ]  
Read & Initial

I UNDERSTAND THAT ANY FALSE STATEMENT, ANSWER, OR OMISSION MADE BY MYSELF IN THIS APPLICATION ON OR IN SUPPORT OF MY APPLICATION MAY BE SUBJECT TO MY TERMINATION OF EMPLOYMENT AT ANY TIME DURING MY EMPLOYMENT, AND THAT THE ORGANIZATION SHALL NOT BE LIABLE IF MY EMPLOYMENT IS [ ]  
Read & Initial

I UNDERSTAND THAT AS AN EMPLOYEE OF EAGLE LAKE COMMUNITY ASSOCIATION, INC. I MAY BE SUBJECTED TO RANDOM DRUG SCREENINGS THROUGHOUT MY ENTIRE EMPLOYMENT AS STATED IN THE EMPLOYEE POLICY [ ]  
Read & Initial

I AUTHORIZE THE RELEASE OF ANY INFORMATION REQUIRED TO DETERMINE MY QUALIFICATIONS FROM PAST AND PRESENT EMPLOYERS, POLICE DEPARTMENTS, COURTS, DRIVING RECORDS, ETC. I HEREBY RELEASE THEM, THEIR EMPLOYEES, AND THE ORGANIZATION FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER FOR PROVIDING AND OBTAINING THIS INFORMATION [ ]  
Read & Initial

I UNDERSTAND THAT PENNSYLVANIA IS AN EMPLOYMENT-AT-WILL STATE AND THAT EAGLE LAKE COMMUNITY ASSOCIATION, INC. DOES NOT OFFER TENURED OR GUARANTEED EMPLOYMENT. EITHER THE COMPANY OR THE EMPLOYEE CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE [ ]  
Read & Initial

**Please Sign and Date Below: (If applicant is under the age of 18 parents must also sign and date)**

<b>Signature:</b> [ ]	<b>Date:</b> [ ]
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