

# Los Prados Community Association

## APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_ All information provided will be verified for accuracy. **PLEASE PRINT**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE (MAIDEN NAME)

Phone Number: DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_

Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Number Street City State Zip

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_  
Number Street City State Zip

Position Applied For: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Expected: \_\_\_\_\_

Other Benefits Expected: \_\_\_\_\_ Are you able to work extended hours as needed: \_\_\_\_\_

Names of employees of Los Prados who could give you a personal reference: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_, Address: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### MILITARY INFORMATION

Complete the following section if you have served in the military

Branch: \_\_\_\_\_ Dates of Duty: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

### EMPLOYMENT HISTORY

Present OR Most Current Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting wage: \_\_\_\_\_ Final wage: \_\_\_\_\_  
Job Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting wage: \_\_\_\_\_ Final wage: \_\_\_\_\_  
Job Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Position: \_\_\_\_\_ Starting wage: \_\_\_\_\_ Final wage: \_\_\_\_\_  
Job Duties: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

(To be completed if required for position) **CLERICAL SKILLS**  
 Typing: \_\_\_\_\_ WPM \_\_\_\_\_; 10 Key-Touch \_\_\_\_\_; PC: \_\_\_\_\_ Years experience: \_\_\_\_\_; Word Processing: \_\_\_\_\_;  
 Other skills: \_\_\_\_\_

**EDUCATION**  
 Name: (as it appears on school records) \_\_\_\_\_  
 High School: \_\_\_\_\_ City, State: \_\_\_\_\_ # of Years Completed: \_\_\_\_\_  
 College: \_\_\_\_\_ City, State: \_\_\_\_\_ Type of Degree: \_\_\_\_\_  
 List Licenses/Certifications: \_\_\_\_\_

**PERSONAL REFERENCES** (Do not list relatives)  
 Name: \_\_\_\_\_ Years Known: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Years Known: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Years Known: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**ADDITIONAL INFORMATION**  
 Are you legally eligible to work in this country? \_\_\_\_\_  
 Have you ever been fired from a position? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
 Have you ever been convicted of a felony? (A conviction record will not automatically disqualify you from employment.)  
 \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**BACKGROUND SCREENING DISCLOSURE**

I hereby authorize Los Prados Community Association and its designated agents to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: names and dates of previous/current employment, work experience, criminal history records, sexual offender's lists, wants and warrants, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, OFAC/patriots act, any sanction lists, FBI finger printing and drug testing. Upon Request, Los Prados Community Association will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

**AUTHORIZATION AND RELEASE OF INFORMATION**

I hereby authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout the duration of my employment at Los Prados Community Association. I hereby release Los Prados Community Association and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. I certify that all information provided on my resume/application for employment is correct to the best of my knowledge. Any false statements provided in my resume/application for employment will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, or copy form.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant's Name - PLEASE PRINT NAME

**LOS PRADOS COMMUNITY ASSOCIATION - AN EQUAL OPPORTUNITY EMPLOYER**  
**QUALIFIED APPLICANTS RECEIVE EQUAL CONSIDERATION WITHOUT DISCRIMINATION DUE TO RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, HANDICAP OR VETERAN STATUS.**

**TO BE COMPLETED BY EMPLOYER:**  
 DATE OF EMPLOYMENT: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
 MANAGER: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_  FULL TIME  PART TIME  
 DRUG TEST RESULT: \_\_\_\_\_ EMPLOYEE ID#: \_\_\_\_\_ EMPLOYEE TIME CARD #: \_\_\_\_\_