Gold Mountain Homeowners Association

Employment Application

P.O. Box 297
Clio, CA 96106

An Equal Opportunity Employer

Position Applying For _____

Please complete **every** section of the application on your own, read the Applicant Statement below, and provide a handwritten signature in the space provided. Exclude any information which indicates sex, race, religious creed, color, national origin, ancestry, disability, age, sexual orientation, or pregnancy on this Employment Application. Failure to complete the application in sufficient detail will disqualify the applicant from further review. Additional supporting information or resumes may be attached. It is the applicant's responsibility to notify the Association of any change of address, name or other pertinent information. If you have any disabilities, which may require special testing arrangements please contact the Association. The information provided will be used only for processing your application and in response to any legal obligation we may have.

Applicant Statement

If offered employment at the Gold Mountain Homeowners Association (Association) discretion, I agree to submit to a urine drug test and medical examination by a physician designated by the Association and agree to comply with the Association's policy on a drug-free workplace. The Association has a policy of requiring a physician's physical fitness exam, together with urine drug testing of persons who have been offered employment. Individuals who are determined by the physician not to be physically fit for duty, or who test positive for controlled substances, will not be employed. If you have reason to believe that you will not pass a physician's physical examination, or will test positive for the presence of controlled substances, or if you are unwilling to consent to such an examination or test if offered employment, it is recommended that you not submit an application.

I understand that if I am employed, employment with the Association will be "at will" (unless I am subject to collective bargaining agreement with different provisions). At-will employment means that either I or the Association may terminate the employment relationship at any time with or without cause and with or without notice, and that the Association may change my terms and conditions of employment (e.g., compensation, duties, assignments, responsibilities, and with the exception that at-will employment cannot be changed) with or without cause or notice. No one other than the President of the Association Board of Directors has the authority to alter this at-will agreement, and any such agreement must be in writing and must be signed by you and the President of the Board of Directors.

I certify that the answers given by me to all questions on this application are true and correct. I further understand that any misrepresentation or omission of facts called for herein will be sufficient cause for dismissal from Association service. I authorize investigation of all statements contained herein. I further authorize the references and employers listed below or on any of the attached documents to give you any and all pertinent information concerning my previous employment, personal or otherwise. I release all parties from liability for any damage that may result from furnishing the same to you.

Date _____ Signature _____

Personal

Name _____ _____
(First) (MI) (Last) Social Security No.

Other Last Names Used (Maiden Name, etc.)

( )
Present Address (Number, Street, and Apt. No.) Telephone

City, State, Zip E-mail ID

( )
Permanent Address (Number, Street, and Apt. No., if different from above) Telephone

( )
City, State, Zip Pager Number

List Previous Addresses for Last 3 Years, if different from the present or permanent address above.

Dates Resided		Number, Street, and Apt. No.	City	State	Zip
From	To				

If you are under 18 years of age, can you provide a work permit, if required?

☐ Yes ☐ No

Have you ever applied, been employed, or performed work for the Association as an individual or as a contractor or as an employee of a contractor?

☐ Yes ☐ No If yes…Explain: _____ When? _____

(IGNORE THIS PAGE – INTERNAL USE ONLY)

Received by: Date:

How did you learn about this position and availability for work?

- ☐ Agency Referral (Agency Name) _____
- ☐ Employee Referral (Name) _____
- ☐ Newspaper/Magazine Ad (Name, Date) _____
- ☐ Internet (Identify Web-site) _____
- ☐ Own Initiative _____
- ☐ Other (Identify) _____
- ☐ When would you be available to start work? _____

Education

Name of School and Location (City and State)		Dates Attended		Discipline/Major/ Course of Study	Degree Awarded (Diploma or GED)	Graduation Date (Month/Year)
		From	To			
Last Grade School or High School						
Business, Vocational, Other Studies/Schooling						
Colleges or Universities						

Special Academic Honors, Scholarships or Achievements

Employment History

List present or most recent employer first. Include periods of time for the past five (5) years whether employed or unemployed, including active military service (use additional forms, if necessary to indicate experience relevant to the position sought).

Dates (Month/Year) From	To	Hours Per Week	Employer's Name and Address	Job Title/Supervisor/Duties	Wage or Salary	Reason for Leaving
			Name	Job Title		
			Address	Supervisor		
			City	Your Duties		
			State, Zip			
			Address			
			Phone ( )			
			Name	Job Title		
			Address	Supervisor		
			City	Your Duties		
			State, Zip			
			Address			
			Phone ( )			
			Name	Job Title		
			Address	Supervisor		
			City	Your Duties		
			State, Zip			
			Address			
			Phone ( )			

Employment History (Cont.)

Dates (Month/Year)		Hours Per Week	Employer's Name and Address	Job Title/Supervisor/Duties	Wage or Salary	Reason for Leaving
From	To					
			Name	Job Title		
			Address	Supervisor		
			City	Your Duties		
			State, Zip			
			Address			
			Phone ( )			

Relatives

List any relatives, including those by marriage, employed by the Association. (This information will be used only to comply with Association policy, which prohibits relatives from being placed in supervisory or confidential working relationships with one another.)

Name	Relationship

General

1. If you know languages that are relevant to your qualifications, please describe.

_____

2. Licenses and certificates held (Professional, Motor Vehicle, State Water Quality or Health and Safety certifications, etc.). List all motor vehicle operator license numbers and issuing state for each. Provide copies of any relevant certifications held.

_____

3. Occupational skills or trades (Word Processing, Spreadsheets, Other Computer Skills, Machine Operator, Mechanical Aptitudes, Welding, etc.).

_____

4. Have you ever been convicted of a misdemeanor or felony, including a plea of guilty or nolo contendere/no contest regardless of whether a sentence is imposed by the court? If yes, please explain. Also list any arrests for which you are out on bail or your own recognizance pending trial. A conviction will not necessarily disqualify you from consideration for employment, and we will consider the circumstances of each case. You may omit minor traffic violations; and convictions that have been sealed, expunged or legally eradicated. For California applicants (only), you may also exclude convictions for certain marijuana offenses specified in Cal. Health & Safety code sections 11357(b), (c), 11364, 11365, 11550 if such convictions are over two years old.

   ☐ Yes ☐ No

   If yes, please explain. _____

_____

5. List any other pertinent information in support of this application (e.g., civic activities, offices held, resume, etc.).

_____

Legal

Employment Eligibility

1. If you are hired by the Association, can you submit certification of your right to legally work in the United States? ☐ Yes ☐ No
2. Is your authorization to work contingent on USCIS*, school or program approval? ☐ Yes ☐ No (If the answer is Yes, go on to number 3)
3. If yes, what is the basis of that authorization? _____

   * United States Citizenship and Immigration Services (USCIS)