

Lakota Hills Swim HOA
West Chester, OH 45069

Applicant Information

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Number: _____ Email Address: _____

Are you 18yrs or older? Yes No Are you willing to work overtime? Yes No

Are you able to perform physical requirements for the job? Yes No

Position

Position You Are Applying For: _____ Available Start Date: _____ Desired Pay: _____

Employment Desired: Full Time Part Time

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

If hired, can you provide evidence of legal eligibility to work in the U.S?

Yes No

Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.

Have you ever been convicted of a felony? Yes No
If yes please explain/list.,

Education

Name of High School	City & State	Did you Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	GED
Name of College	City & State	Did you Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Name of Technical School	City & State	Did you Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Are you currently enrolled in any school?	If yes, give the name and address:		

Employment History

Employer (1)	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate

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Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

I certify that all the information provided in this employment application is true and complete to the best of my knowledge. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I understand and acknowledge that unless otherwise defined by applicable law or written agreement Lakota Hills Swim HOA, any employment relationship with Lakota Hills Swim HOA will be "Employment at Will". This means I may resign at any time and Lakota Hills Swim HOA may discharge me at any time, with or without cause, and with without advance notice.

I authorize the investigation at any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understood, and agree to all the above statements.

Name (Please Print):	Signature:
Date:	