



# Employment Application

## **An Equal Opportunity Employer**

Lake of the Pines' policy is to make reasonable accommodations to the needs of job applicants and all employees who are disabled. Please notify the Human Resources Department if special testing arrangements are required to accommodate your disabilities.

Employment with Lake of the Pines is contingent upon the results of a job related medical evaluation at LOP's expense. This does not occur until the appointing authority gives a conditional job offer to an applicant following successful completion of all employment procedures. Until a formal appointment is made following medical evaluation and background check, any offers of employment are conditional and preliminary and may be withdrawn by Lake of the Pines.

### **Lake of the Pines Association**

11665 Lakeshore North, Auburn, CA 95602

(530) 268-1141

hr@lop.org

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_

(other): \_\_\_\_\_

Email: \_\_\_\_\_

# General Information

1 Position applying for: \_\_\_\_\_

2 Are you applying for: *Check all that apply*  
Regular full-time work?  
Part-time work?  
Seasonal/Temporary work?

3 Have you ever been known by another name, including maiden name?  Yes  No  
If so, state name(s) \_\_\_\_\_

4 Are you over 18 years of age?  Yes  No

5 If under 18, can you provide a work permit after employment?  Yes  No

6 If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  Yes  No

7 Are you related by blood or marriage to any person(s) employed by LOP?  Yes  No  
If yes, please provide name and relationship:  
\_\_\_\_\_

8 Have you ever been employed by LOP?  Yes  No  
If so, dates of employment: \_\_\_\_\_

9 How did you hear about this position? \_\_\_\_\_  
\_\_\_\_\_

# Education and Training

10 If a license or certificate is a requirement of the position for which you are applying, and you possess the license or certificate, give the following information:  
Title: \_\_\_\_\_ #: \_\_\_\_\_  
Issued by: \_\_\_\_\_  
Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

12 Did you graduate from high school?  Yes  No

13 If no, do you have a GED certificate?  Yes  No

14 Indicate special skills you have which pertain to the position for which you are applying:

11 Colleges, vocational and business schools after high school:

Name of School	Major	No. of Years	Graduated?	Degrees

# Employment History

List below all present and past employment starting with your most recent employer (**last seven years is sufficient**). Account for all periods of unemployment. **You must complete this section even if attaching a résumé.**

FROM MO / YR	EMPLOYER'S NAME		JOB TITLE AND DUTIES	
	ADDRESS		REASON FOR LEAVING	
TO MO / YR	PHONE	SUPERVISOR	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? Yes No	

FROM MO / YR	EMPLOYER'S NAME		JOB TITLE AND DUTIES	
	ADDRESS		REASON FOR LEAVING	
TO MO / YR	PHONE	SUPERVISOR	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? Yes No	

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FROM MO / YR	EMPLOYER'S NAME		JOB TITLE AND DUTIES	
	ADDRESS		REASON FOR LEAVING	
TO MO / YR	PHONE	SUPERVISOR	MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? Yes No	

# Agreement

Please Read Carefully, Initial Each Paragraph and Sign Below:

\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_ I hereby authorize Lake of the Pines Association to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Association any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Association, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Association. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Association and that no promises or representations contrary to the foregoing are binding on the Association unless made in writing and signed by me and the Association's designated representative.

\_\_\_\_ The Lake of the Pines Association may require drug screening at any time while working based upon reasonable suspicion of drug use or upon incurring or causing a workplace injury or accident.

\_\_\_\_\_  
Date

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