

Application for Employment



PEREZ ACRES HOMEOWNERS ASSOCIATION

RECEIVED: ___/___/____

GENERAL INFORMATION

NAME (LAST, FIRST, MI)			DATE OF APPLICATION		
MAILING ADDRESS		CITY	STATE	ZIP CODE	
HOME PHONE	BUSINESS PHONE	ALTERNATE PHONE		SOCIAL SECURITY NUMBER	
DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ARE YOU AT LEAST EIGHTEEN (18) YEARS OF AGE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN EMPLOYED BY PAHA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PROVIDE DATES AND POSITION		
ARE YOU RELATED TO ANYONE EMPLOYED AT PAHA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PROVIDE NAME AND RELATIONSHIP		
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR, WITH OR WITHOUT REASONABLE ACCOMMODATION?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY?		<input type="checkbox"/> NO	<input type="checkbox"/> YES, PLEASE EXPLAIN:		
HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN?		<input type="checkbox"/> NO	<input type="checkbox"/> YES, PLEASE EXPLAIN:		

EMPLOYMENT INTEREST

The position you are applying for: _____

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	# OF YEARS ATTENDED	DID YOU GRADUATE	DEGREE RECEIVED	MAJOR
HGH SCHOOL					
JR. COLLEGE/COLLEGE					
GRADUATE SCHOOL					
OTHER					

SPECIAL SKILLS

PLEASE LIST ANY SPECIAL SKILLS YOU POSSESS	OFFICE RELATED	COMPUTER KNOWLEDGE

WHAT OTHER SKILLS WOULD YOU BRING TO THE JOB YOU ARE APPLYING FOR?

WHY ARE YOU INTERESTED IN THIS TYPE OF INDUSTRY?

WHAT ATTRACTED YOU TO APPLY AT PAHA?

WHY DO YOU THINK YOU WOULD MAKE A GOOD ADDITION TO OUR TEAM?

REFERENCES

LIST TWO REFERENCES WHO ARE NOT FORMER EMPLOYERS AND ARE NOT RELATED TO YOU

	NAME & ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN
1		HM		
		WK		
2		HM		
		WK		

EMPLOYMENT HISTORY

PLEASE LIST PRESENT AND PAST EMPLOYMENT, STARTING WITH YOUR MOST RECENT EMPLOYER. IF YOU HELD MORE THAN ONE POSITION WITH THE SAME EMPLOYER, PLEASE LIST EACH POSITION SEPARATELY. PLEASE INCLUDE MILITARY SERVICE. YOU MAY ALSO INCLUDE VOLUNTEER WORK. PLEASE ACCOUNT FOR PERIODS OF UNEMPLOYMENT.

EMPLOYER (1)				ADDRESS			
TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR			TELEPHONE	
DATES EMPLOYED		SALARY		STATUS			
FROM	TO	STARTING	FINAL	<input type="checkbox"/> FULL TIME		<input type="checkbox"/> PART TIME	
YOUR POSITION TITLE AND DESCRIPTION OF DUTIES							
REASON FOR LEAVING							
MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, STATE REASON			YOUR NAME THEN, IF DIFFERENT	

EMPLOYER (2)				ADDRESS			
TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR			TELEPHONE	
DATES EMPLOYED		SALARY		STATUS			
FROM	TO	STARTING	FINAL	<input type="checkbox"/> FULL TIME		<input type="checkbox"/> PART TIME	
YOUR POSITION TITLE AND DESCRIPTION OF DUTIES							
REASON FOR LEAVING							
MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, STATE REASON			YOUR NAME THEN, IF DIFFERENT	

EMPLOYER (3)				ADDRESS			
TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR			TELEPHONE	
DATES EMPLOYED		SALARY		STATUS			
FROM	TO	STARTING	FINAL	<input type="checkbox"/> FULL TIME		<input type="checkbox"/> PART TIME	
YOUR POSITION TITLE AND DESCRIPTION OF DUTIES							
REASON FOR LEAVING							
MAY WE CONTACT THIS EMPLOYER?	<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, STATE REASON			YOUR NAME THEN, IF DIFFERENT	

Past Employment Reference



PEREZ ACRES HOMEOWNERS ASSOCIATION

Job Applicant please complete this top portion of this page only

RELEASE OF LIABILITY

EMPLOYEE NAME (PRINT)	POSITION HELD	SOCIAL SECURITY #	DATES EMPLOYED FROM TO
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I authorize PAHA to make an investigation of my personal, educational, and financial or employment history and authorize any employer and any other person, firm, corporation, institution or government agency to give PAHA any information they may have about me. In consideration of PAHA review of my application for employment, I release PAHA and all providers of information from any liability as a result of furnishing or receiving this information.

JOB APPLICANT'S SIGNATURE	DATE
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PAST EMPLOYER - INFORMATION

EMPLOYER NAME

ADDRESS:

The above-named person has applied for employment with PAHA. He/she has provided your company name as a current-former employer. Please complete the below requested information. We appreciate your reply.

PAST EMPLOYER - REPLY

POSITION HELD	DATES		SALARY (AT HIRE)	AT TERMINATION
	FROM	TO	PER	PER

WORK PERFORMANCE <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average*	*PLEASE EXPLAIN
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RELIABILITY/DEPENDABILITY <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average*	*PLEASE EXPLAIN
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HONESTY <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average*	*PLEASE EXPLAIN
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ATTITUDE <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average*	*PLEASE EXPLAIN
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ATTENDANCE <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Below Average*	*PLEASE EXPLAIN
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COMMENTS	REASON FOR LEAVING
	ELIGIBLE FOR REHIRE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF "NO", PLEASE COMMENT

COMPLETED BY Print Name:	TITLE	DATE
Signature:		

PLEASE RETURN VIA FAX TO: PAHA Fax: 1 (671) 653 3544