Application for Employment

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PEREZ ACRES HOMEOWNERS ASSOCIATION

		GENERAL	L IN	FORMATION				
NAME (LAST, FIRST, MI)						DATE OF APPLICATION		
MAILING ADDRESS				CITY		STATE	ZIP CODE	
HOME PHONE		BUSINESS PHONE		ALTERNATE PHO	DNE	SOCIAL SECURITY NUMBER		
DO YOU HAVE THE LEGAL WORK IN THE UNITED STAT HAVE YOU EVER BEEN EMPPAHA? ARE YOU RELATED TO EMPLOYED AT PAHA?	ES? PLOYED BY		NO NO	(18) YEARS OF A IF YES, PROVIDE	EAST EIGHTEEN GE? DATES AND POSITE NAME AND RELAT		□ NO	
ARE YOU ABLE TO PERFOR OR WITHOUT REASONABLE			THE	JOB YOU ARE APP	LYING FOR, WITH	☐ YES	☐ NO	
HAVE YOU EVER BEEN CON	IVICTED OF	A FELONY?		NO 🔲 YES, P	LEASE EXPLAIN:			
HAVE YOU EVER BEEN RESIGN?	DISCHARG				LEASE EXPLAIN:			
		EMPLOYN	/IEN	T INTEREST				
The position you are	applying	g for:						
		EDI	UC/	ATION				
TYPE OF SCHOOL	NAME A	ND ADDRESS OF SCHOO	DL	# OF YEARS ATTENDED	DID YOU GRADUATE	DEGREE RECEIVED	MAJOR	
HGH SCHOOL								
JR. COLLEGE/COLLEGE								
GRADUATE SCHOOL								
OTHER				_				
		SPEC	IAL	SKILLS				
PLEASE LIST ANY SPE	ECIAL SKILL	S YOU POSSESS	OF	FICE RELATED	COMPL	PUTER KNOWLEDGE		
WHAT OTHER SKILLS WOUL	D YOU BRIN	IG TO THE JOB YOU ARE	APP	LYING FOR?				
WHY ARE YOU INTERESTED	IN THIS TY	PE OF INDUSTRY?						
WHAT ATTRACTED YOU TO	APPLY AT P	AHA?						
WHY DO YOU THINK YOU W	OULD MAKE	A GOOD ADDITION TO C	OUR 1	ГЕАМ?				

	LIST TWO RE			ERENCES RMER EMPLOYERS TELEPHONE	ı	OT RELATE	YEARS			
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				HM						
2				WK						
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EMPLOYER (1)				ADDRESS						
TYPE OF BUSINE	SS		NAME & TI	TLE OF IMMEDIATE	SUPERVISO	PR	TELEPHO	NE		
D	ATES EMPLOYE	:D		SALARY			STATU	IS		
FROM	ТО		STARTING	FINAL	Ţ	☐ FULL T	IME	☐ PART TIME		
YOUR POSITION	TITLE AND DESC	CRIPTION OF D	outies							
REASON FOR LEA	AVING									
MAY WE CONTACT THIS EMPLOYER?	☐ YES	☐ NO	IF NO, STATE R	REASON		YOUR N	YOUR NAME THEN, IF DIFFERENT			
EMPLOYER (2)				ADDRESS						
TYPE OF BUSINE	SS		NAME & TI	TLE OF IMMEDIATE	SUPERVISO	PR	TELEPHO	NE		
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FROM	ATES EMPLOYE TO	:D	STARTING	SALARY FINAL	Г	☐ FULL T	STATU	Īn		
YOUR POSITION	TITLE AND DECO	ODIDTION OF F	UTIFO			- FULL I	IIVIE	☐ PART TIME		
REASON FOR LEA		SKII HON OF E								
MAY WE CONTACT THIS EMPLOYER?	☐ YES	□ NO	IF NO, STATE R	REASON		YOUR NAME THEN, IF DIFFERENT				
EMPLOYER (3)				ADDRESS						
TYPE OF BUSINE	SS		NAME & TI	 TLE OF IMMEDIATE	SUPERVISO	PR	TELEPHO	NE		
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FROM	ТО		STARTING	STARTING FINAL			☐ FULL TIME ☐ PA			
YOUR POSITION	TITLE AND DESC	CRIPTION OF D	outies	'	,					
REASON FOR LEA	AVING									
MAY WE CONTACT THIS EMPLOYER?	☐ YES	□ NO	IF NO, STATE R	REASON		YOUR NAME THEN, IF DIFFERENT				

EMPLOYER (4)				ADDRESS					
TYPE OF BUSINE	SS		NAME & TIT	LE OF IMMEDIATE SU	UPERVISOR		TELEPHO	NE	
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REASON FOR LEA	AVING								
MAY WE CONTACT THIS EMPLOYER?	□ Y	ES 🔲 NO	IF NO, STATE RI	EASON		YOUR NAME THEN, IF DIFFERENT			
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AUTHORIZE AN ANY INFORMA ⁻ PAHA'S REVIEV	IY EMPLOY TION THEY V OF MY AF	ER AND ANY OTHE MAY HAVE ABOUT	R PERSON, FIRM ME, VERBALLY, MPLOYMENT, I RE	I, CORPORATION, IN IN WRITING, OR BY ELEASE PAHA AND A	ISTITUTION (Y FACSIMILE	OR GOVE	RNMENT A	MENT HISTORY AND GENCY TO GIVE PAIN N CONSIDERATION ON N FROM ANY LIABILI	
CURRENTLY A	VAILABLE (OR THE EMPLOYME	ENT IS BEING OF		O TO ME. I	CERTIFY	THAT I HA	THE EMPLOYMENT AVE READ AND FUL ONS.	
NAME OF AF	PPLICANT	(PRINT)	SIGNA	ATURE OF APPLI	CANT		DAT	<u> </u>	
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PAHA IS AN EQUAL OPPORTUNITY EMPLOYER. OUR POLICY IS TO EMPLOY QUALIFIED INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY, VETERAN'S STATUS, CITIZENSHIP OR ANY OTHER CLASSIFICATION PROTECTED UNDER GUAM OR FEDERAL LAW. TO HELP US ASSESS YOUR EMPLOYMENT OPPORTUNITY WITH US, WE ASK THAT YOU COMPLETE ALL PORTIONS OF THIS APPLICATION FORM. THANK YOU.





PEREZ ACRES HOMEOWNERS ASSOCIATION

Job Appli	p portion of th	rtion of this page only										
	BILITY	LITY										
EMPLOYEE NAME (PRINT)	POSITION HELD	5	OCIAL SECUR	ITY#	DATES EMP FROM	PLOYED TO						
I authorize PAHA to make an investigat employer and any other person, firm, co about me. In consideration of PAHA reviany liability as a result of furnishing or reco	rporation, institution ew of my application	n or governn on for employ	nent agency to	give PAI PAHA a	HA any informand all provide	mation they may	have					
JOB APPLICANT'S SIGNATURE				DAT	E							
PAST EMPLOYER - INFORMATION EMPLOYER NAME												
ADDRESS:												
The above-named person has applied fo	r employment with	PAHA. He/	she has provide	ed vour o	company nam	ne as a current-fo	rmer					
employer. Please complete the below rec	uested information	. We appred	iate your reply.	ou you.	onipany nan		,,,,,,					
POSITION HELD	DATES	II LOTEK	SALARY (AT	HIRE)	AT TER	RMINATION						
	FROM	то		PER		PER						
WORK PERFORMANCE ☐ Excellent ☐ Good ☐ Satisfac	ctory Below	Average*	*PLEASE	EXPLA	IIN							
RELIABILITY/DEPENDABILITY ☐ Excellent ☐ Good ☐ Satisfact	ctory □ Below	Average*	*PLEASE	EXPLA	IN							
HONESTY ☐ Excellent ☐ Good ☐ Satisfac	ctory 🗖 Below	Average*	*PLEASE	EXPLA	IIN							
ATTITUDE ☐ Excellent ☐ Good ☐ Satisfac	ctory 🗖 Below	Average*	*PLEASE	EXPLA	IIN							
ATTENDANCE □ □ Excellent □ □ Good □ □ Sa	ATTENDANCE □ □ Excellent □ □Good □ □Satisfactory □ Below Average*											
COMMENTS	REASON	REASON FOR LEAVING										
			ELIGIBLI IF "NO", PLI		REHIRE?	Yes □ No						
COMPLETED BY Print Name: Signature:		TITLE			DATE							
PLEASE RETURN VIA FAX TO: PA	HA Fax: 1 (671)) 653 3544										