



**WILDEWOOD COMMUNITY ASSOCIATION  
APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer. The Wildewood Community Association considers applicants for all positions without regard to marital or veteran status, uniformed servicemember status, race, color, religion, creed, gender, national origin, age, physical or mental disability, sexual orientation, genetic information or any other category protected by applicable federal, state, or local laws.

**Please Answer All Questions**

NAME: \_\_\_\_\_ POSITION BEING APPLIED FOR: \_\_\_\_\_

CELL PHONE NUMBER: (    ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job for you which you have applied? Yes \_\_\_ No \_\_\_

Have you ever applied for employment with us before? Yes \_\_\_ No \_\_\_ If yes, Month/Year: \_\_\_\_\_

Have you ever been terminated or asked to resign from any job? Yes \_\_\_ No \_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes \_\_\_ No \_\_\_

Desired Hourly Rate: \_\_\_\_\_ Are you willing to work overtime? Yes \_\_\_ No \_\_\_

When will you be available to begin work? \_\_\_\_\_

Days/Hours available to work? \_\_\_\_\_

Current Certifications: \_\_\_\_\_

Education	School Name/Location	Graduate Y/N	# of Years Completed	Degree/Major
High School				
College				
Trade or Post College				

**Professional References** – Please provide the name, address and phone number of references who are knowledgeable of your work.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**EMPLOYMENT HISTORY**

Please list the names of your present and/or previous employers. You may include any verifiable work performed on a volunteer basis, internships, or military service. Please exclude organizations which may indicate race, color, religion, sex, national origin, sexual preferences, handicap or other protected status.

Employer Name: \_\_\_\_\_ Business Type: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Wages: Start \_\_\_\_\_ Final \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  
How much notice did you give when resigning? \_\_\_\_\_ If none, why? \_\_\_\_\_

---

Employer Name: \_\_\_\_\_ Business Type: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Wages: Start \_\_\_\_\_ Final \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  
How much notice did you give when resigning? \_\_\_\_\_ If none, why? \_\_\_\_\_

---

Employer Name: \_\_\_\_\_ Business Type: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Dates Employed: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Wages: Start \_\_\_\_\_ Final \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_  
How much notice did you give when resigning? \_\_\_\_\_ If none, why? \_\_\_\_\_

---

**APPLICANT CERTIFICATION**

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.



I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with the applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I certify that all the information on the application or any supporting documents I may present are and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

**Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_