



TELLICO VILLAGE PROPERTY OWNERS ASSOCIATION  
A SMOKE FREE WORKPLACE

APPLICATION FOR EMPLOYMENT

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability, and any other protected classifications.

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

E-Mail address \_\_\_\_\_ Telephone number \_\_\_\_\_

Are you over 18 years of age?  Yes  No If not, how old are you? \_\_\_\_\_

Are you eligible for employment in the U.S.?  Yes  No (Proof of U.S. citizenship or legal right to work in the U.S. will be required upon employment.)

Do you have any relatives employed here?  Yes  No Who? \_\_\_\_\_

Have you worked here before?  Yes  No How did you learn of this opening? \_\_\_\_\_

Are there any hours or days, including weekends and holidays, you cannot or will not work? \_\_\_\_\_

Are you interested in part-time  or full-time ? Would you be willing and able to work overtime if it is required?  Yes  No

Have you ever been convicted of a felony?  Yes  No (Conviction will not necessarily disqualify an applicant for employment.)

If yes, explain fully. \_\_\_\_\_

Have you ever been in the Armed Forces?  Yes  No If yes, Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?	MAJOR	DIPLOMA/ DEGREE
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other training/education				

In addition to your work history (reverse side), what other experiences, skills, or qualifications would especially equip you for work with our organization?

\_\_\_\_\_  
\_\_\_\_\_

POSITION(S) APPLIED FOR: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Wage or salary desired? \$ \_\_\_\_\_ When can you start? \_\_\_\_\_

**WORK HISTORY** (Begin with most recent and work backwards.) May we contact your present employer? Yes  No

Most Recent Employer		Address	Telephone
Date started	Starting salary: \$ Per	Starting Position	
Date left	Salary on leaving \$ Per	Position on leaving	
Name and Title of Supervisor			
Description of Duties		Reason for leaving	
Name of Employer		Address	Telephone
Date started	Starting salary: \$ Per	Starting Position	
Date left	Salary on leaving \$ Per	Position on leaving	
Name and Title of Supervisor			
Description of Duties		Reason for leaving	
Name of Employer		Address	Telephone
Date started	Starting salary: \$ Per	Starting Position	
Date left	Salary on leaving \$ Per	Position on leaving	
Name and Title of Supervisor			
Description of Duties		Reason for leaving	

*(If you have had additional employers, please provide this information on additional sheets of paper.)*

**References** List below three persons not related to you, who have known you professionally at least one year (if different from above).

1. Name \_\_\_\_\_ Telephone number \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone number \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone number \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this application are true and complete to the best of my knowledge, and I understand that falsification of this information is grounds for refusal to hire or, if hired, termination of employment.

Nothing on this application is intended to create or imply a contractual relationship. I understand that, if hired, employment with this Company is at-will (not for any specified time period or duration) and may be terminated by the applicant or the Company at any time or without reason. While employment policies or procedures may change from time to time, only a written statement signed by the General Manager can change the employee's at-will status. I also understand that writing information on this form other than what is requested may be grounds for non-consideration.

I understand that a physical exam and a drug test will be required as a condition of employment. I understand that this application for employment will remain viable for a period of six months from the date it was submitted.

**AUTHORIZATION**

I understand that consideration for employment is conditioned upon the results of reference checks. I authorize the Company to investigate all statements made by me on the application and/or resume. I authorize the Company to contact former employers and references. I further authorize any of the persons or organizations mentioned in this application to give you any and all information concerning my previous employment, education, or any other information they may have with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

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

**TELLICO VILLAGE PROPERTY OWNERS ASSOCIATION (POA)**

**APPLICANT CONSENT AGREEMENT**

I understand that I will be required to submit for testing for the presence of drugs or alcohol if I am offered a position with Tellico Village POA. I understand that submission to such testing is a condition of employment with Tellico Village POA, and that if I refuse to submit and consent to such testing, if I frustrate, interfere with, or tamper with the testing process, or if I adulterate the test specimen I will no longer be eligible for employment.

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Tellico Village POA for the purpose of determining the drug content thereof.

I agree that any facility designated by Tellico Village POA may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by Tellico Village POA for analysis.

I further agree to and hereby release the results of said tests to the Tellico Village POA.

I further agree to hold Tellico Village POA and its agents harmless from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

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

Signature: \_\_\_\_\_

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

Witness Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_