



POCONO WOODLAND LAKES
Property Owner's Association

Post Office Box C
Milford, PA 18337

Phone: (570) 296-8511
Fax: (570) 409-8651
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Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the PWLPOA office.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_
Referral Source: [ ] Advertisement [ ] PWLPOA Employee [ ] Relative
[ ] Walk-in [ ] PWLPOA Resident [ ] Other
Name of source (if applicable): \_\_\_\_\_

Name \_\_\_\_\_
Last First Middle
Address \_\_\_\_\_
Street City State Zip Code
Telephone # \_\_\_\_\_ Mobile/Other Phone # \_\_\_\_\_ Social Security # \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ am/pm
May we contact you at work? [ ] Yes [ ] No
If yes, work number and best time to call \_\_\_\_\_ am/pm
If you are under 18 and it is required, can you furnish a work permit? [ ] Yes [ ] No
If no, please explain \_\_\_\_\_
Have you submitted an application here before? [ ] Yes [ ] No
If yes, give date(s) \_\_\_\_/\_\_\_\_/\_\_\_\_
Have you ever been employed here before? [ ] Yes [ ] No
If yes, give dates(s) \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_
Are you legally eligible for employment in this country? [ ] Yes [ ] No
Date available for work \_\_\_\_\_
Type of employment desired [ ] Full-Time [ ] Part-Time [ ] Seasonal [ ] Temporary - until (date) \_\_\_\_/\_\_\_\_/\_\_\_\_
Are you able to meet the attendance requirements of the position? [ ] Yes [ ] No
Though unlikely, will you work overtime if required? [ ] Yes [ ] No
If no, please explain \_\_\_\_\_
Have you been convicted of a crime in the last five (5) years? [ ] Yes [ ] No
If yes, please explain \_\_\_\_\_

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_
Expiration Date \_\_\_\_\_ Have you had any accidents in the last three years? ... How many? \_\_\_\_\_
Have you had any moving violations? ... How many? \_\_\_\_\_

## Employment History

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

Employer	Telephone ( )	Dates Employed		Summarize the type of work performance & job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	
Employer	Telephone ( )	Dates Employed		Summarize the type of work performance & job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	
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		Starting		
Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	
Employer	Telephone ( )	Dates Employed		Summarize the type of work performance & job responsibilities
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Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor & Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$	Per	

**Comments** Including explanation of any gaps in employment \_\_\_\_\_

**Skills and Qualifications** - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

**Educational Background** If job-related

A. List last three (3) schools attended, starting with the most recent. B. List number of years completed. C. Indicate degree or diplomas earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

A. School	B. Number of years completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

**References**

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	( )	
	( )	
	( )	

**Additional Information**

List professional, trade, business, or civic associations and any offices held.

Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

List any additional information you would like us to consider. \_\_\_\_\_

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I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the PWLPOA the right to contact and obtain information from all references, employers, educational institutions, law enforcement agencies, Department of Transportation, Social Security Administration, and another public agencies to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the PWLPOA and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The PWLPOA does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only the specific position applied for.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the PWLPOA reserves the same right to terminate any employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this Association's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_