



Spring Valley Lake Association

13325 Spring Valley Parkway, 7001 SVL Box
Spring Valley Lake, Ca 92395

Application for Employment

Phone Interview _____

1st Interview _____

2nd Interview _____

(OFFICE USE ONLY)

APPLICANT INSTRUCTIONS: **Please fill out this application completely even if you attach a resume. Applications can be returned to HR@svla.com or 13325 Spring Valley Parkway. Applications are accepted for open positions only and will be retained for one calendar year.** Qualified applicants will receive equal consideration. No question is asked for the purpose of excluding any applicant on the basis of race, color, national origin, age, gender, disability, or any other factor prohibited by federal or state laws and/or regulations. Spring Valley Lake Association is an equal opportunity employer.

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE INITIAL)		DATE		
PRESENT ADDRESS	CITY		STATE	ZIPCODE
PHONE NUMBER WITH AREA CODE	REFERRED BY	EMAIL ADDRESS		
DAYTIME _____	CELL _____			
EVENING _____	OTHER _____			

POSITION APPLYING FOR	DATE YOU CAN START
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED WITH SPRING VALLEY LAKE ASSOCIATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHEN? _____	
HAVE YOU EVER WORKED FOR SPRING VALLEY LAKE ASSOCIATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, WHEN? _____	
PLEASE LIST ANY RELATIVES EMPLOYED BY SPRING VALLEY LAKE ASSOCIATION	

AVAILABILITY FOR WORK

TYPE OF WORK DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL	WHAT HOURS ARE YOU AVAILABLE TO WORK?
WILL YOU WORK OVERTIME DURING THE WORK WEEK IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU WORK WEEK-END OVERTIME IF NECESSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU HAVE ANY ON-GOING OBLIGATIONS OTHER THAN PERSONAL COMMITMENTS THAT WOULD AFFECT YOUR WORK SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE DESCRIBE: _____	
IF THE JOB YOU ARE APPLYING FOR REQUIRES TRAVEL, ARE YOU ABLE AND WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
IF NO, PLEASE DESCRIBE RESTRICTIONS:-	

BACKGROUND/PERSONAL

IF REQUESTED, WOULD YOU BE WILLING TO TAKE A DRUG/ALCOHOL SCREENING EXAM AS A CONDITION OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
CAN YOU PROVIDE DOCUMENTED PROOF OF U.S. CITIZENSHIP OR PROOF OF AUTHORIZATION TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMPENSATION

DESIRED SALARY:	OTHER DESIRED BENEFITS:
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	SCHOOL NAME CITY & STATE	# OF YEARS ATTENDED	DID YOU GRADUATE?	MAJOR SUBJECTS, SPECIAL COURSES DEGREES OBTAINED
HIGH SCHOOL				
COLLEGE/ UNIVERSITY				
GRADUATE SCHOOL				
OTHER EDUCATION				
LICENSES AND CERTIFICATIONS				
OTHER SKILLS				
SPECIAL HONORS OR AWARDS				

WORK REFERENCES: Please provide a minimum of two, preferably three former Supervisors/Managers.

FIRST NAME, LAST NAME	COMPANY TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

EDUCATIONAL REFERENCES: Please provide a minimum of two current or previous Professors or teachers, if the job you are applying for requires a degree or if this is your first job and do not have any work references.

FIRST NAME, LAST NAME	COMPANY TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

CHARACTER REFERENCES: Provide a minimum of two people who are not related to you.

FIRST NAME, LAST NAME	COMPANY TITLE	RELATIONSHIP TO YOU	TELEPHONE NUMBER

EMPLOYMENT RECORD: PLEASE DO NOT indicate "see resume".

Give a complete account of your previous employment. Begin on the first line with your present or most recent position and work back at least seven years. ***Please attach an additional sheet if necessary and include all periods of unemployment.***

MONTH/ YR STARTED	NAME, ADDRESS & PHONE NUMBER OF MOST CURRENT EMPLOYER	POSITION/ DUTIES	REASON FOR LEAVING
	NAME & ADDRESS _____ _____ _____		SUPERVISOR'S NAME& TITLE
MONTH/ YR ENDED	_____ _____ _____		
	PHONE #: _____		
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	
MONTH/ YR STARTED	NAME, ADDRESS & PHONE NUMBER OF EMPLOYER	POSITION/ DUTIES	REASON FOR LEAVING
	NAME & ADDRESS _____ _____ _____		SUPERVISOR'S NAME& TITLE
MONTH/ YR ENDED	_____ _____ _____		
	PHONE #: _____		
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	
MONTH/ YR STARTED	NAME, ADDRESS & PHONE NUMBER OF EMPLOYER	POSITION/ DUTIES	REASON FOR LEAVING
	NAME & ADDRESS _____ _____ _____		SUPERVISOR'S NAME& TITLE
MONTH/ YR ENDED	_____ _____ _____		
	PHONE #: _____		
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	
MONTH/ YR STARTED	NAME, ADDRESS & PHONE NUMBER OF EMPLOYER	POSITION/ DUTIES	REASON FOR LEAVING
	NAME & ADDRESS _____ _____ _____		SUPERVISOR'S NAME& TITLE
MONTH/ YR ENDED	_____ _____ _____		
	PHONE #: _____		
WHAT DID YOU LIKE ABOUT THIS JOB?		WHAT DID YOU DISLIKE ABOUT THIS JOB?	

CERTIFICATE OF APPLICANT (Please read carefully before signing.)

All information provided by me on this application is true and correct to the best of my knowledge. I understand omissions or misrepresentations may result in rejection of my application or if employed, may result in subsequent dismissal. I hereby authorize all former employers, educational institutions, personal references and others identified heron, including their employees or representatives, to furnish or provide full and complete reports, documents or information to Spring Valley Lake Association or its representatives concerning my prior educational and work histories, criminal and driving records, or other information I have provided heron. I waive, release, indemnify and hold harmless Spring Valley Lake Association, its subsidiaries or affiliate companies, employees and representatives and all other persons or entities from all liability and all claims of any nature whatsoever pertaining to the disclosure or use of information or written material as described above. I understand this is a preliminary application and not a contract to employ me. **Furthermore, in the event I am employed, I understand that the employment relationship is AT WILL, which means that I, the employee, or Spring Valley Lake Association, the employer, may terminate the relationship at any time, for any reason, with or without cause.** I understand that any employment agreement to the contrary must be in writing and approved by the Company's Chief Executive Officer or President. If employed, I agree to comply with all rules of the company as a condition of continued employment.

Signature of Applicant

Date