



DOUGLASS COMMUNITY ASSOCIATION

Employment Application

APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address					Apartment/Unit #							
City				State				ZIP				
Phone				E-mail Address								
Date Available				Desired Salary								
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
EDUCATION												
High School				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address								
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES												
<i>Please list three professional references.</i>												
Full Name				Relationship								
Company				Phone		()						
Address												
Full Name				Relationship								
Company				Phone		()						
Address												
Full Name				Relationship								
Company				Phone		()						
Address												

PREVIOUS EMPLOYMENT									
Company						Phone	()		
Address						Supervisor			
Job Title				Starting Salary	\$	Ending Salary		\$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company						Phone	()		
Address						Supervisor			
Job Title				Starting Salary	\$	Ending Salary		\$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company						Phone	()		
Address						Supervisor			
Job Title				Starting Salary	\$	Ending Salary		\$	
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
MILITARY SERVICE									
Branch						From		To	
Rank at Discharge						Type of Discharge			
If other than honorable, explain									
CRIMINAL HISTORY (All applicants must agree to a criminal background check)									
Have you ever been convicted of criminal sexual conduct? Yes <input type="checkbox"/> No <input type="checkbox"/>									
DISCLAIMER AND SIGNATURE									
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate termination.									
Signature						Date			