

Bent tree Harbor Home Owner's Association, Inc.

31321 Bent Tree Drive

Warsaw, MO 65355

E-mail: BentTreeHarbor@yahoo.com

Office: 660-438-7163 Fax: 660-438-2799



APPLICATON FOR EMPLOYMENT

(We are an equal opportunity Employer)

NAME:	_____ (LAST) (FIRST) (MIDDLE)	SOCIAL SECURITY #	_____
CURRENT ADDRESS:	_____ (STREET) (CITY) (STATE) (ZIP)		
PREVIOUS ADDRESS:	_____ (STREET) (CITY) (STATE) (ZIP)		
YEARS AT ADDRESSES:	_____ / _____ (CURRENT) (PREVIOUS)	REFERRED BY:	_____
PHONE:	_____ (HOME) (WORK) (OTHER)		
DRIVER'S LICENSE:	_____ (STATE) (NUMBER) (EXP DATE) (TYPE)		

EMPLOYMENT / POSITION DESIRED

APPLYING FOR:	_____	SALARY DESIRED?	_____	DATE AVAILABLE	_____
WHY?	_____ _____ _____				

EDUCATION

EDUCATION INFO	NAME	CITY & STATE	YRS	GRAD DATE	SUBJECTS
Elementary					
High School					
College(s)					
Trade School					
Other					

DATES OF EMPLOY	NAME & ADDRESS	SALARY	POSITON	REASON FOR DEPARTURE

REFERENCES				
NAME	ADDRESS	PHONE	OCCUPATION	YRS KNOWN

MILITARY EXPERIENCE							
BRANCH		ENTERED	/	/		DISCHARGED	/ /
TYPE OF DISCHARGE		RANK ATTAINED					

POLICE RECORD	
<i>(Circle One)</i>	
Have you ever been convicted of any offense (other than traffic)?	Yes / No
Have you ever been convicted of a traffic violation (except parking and equipment)?	Yes / No
Were you ever convicted of any offense under the Uniform Code of Military Justice?	Yes / No
Have you ever been arrested for any offense other than traffic?	Yes / No

If you answered "YES" to any of the above questions, list date, charge, agency and penalty on a separate sheet of paper.

SIGNATURE AND AUTHORIZATION

I hereby authorize the investigation of all statements contained in this applicaton. I understand that misrepresentation or omission of facts called for is a cause for dismissal. I understand that if given a job offer, I must be able to pass a physical examination and that a drug and alcohol test will be required as a condition of any offer for employment. Further, I understand and agree that my employment is for no definite period and may, regardless of my wages or salary, be terminated at any time without any previous notice.

(Date) (Signature) (Witness)

----FOR OFFICE USE ONLY----		
Date Received:	By:	Referred by:
Resume Attached:	Applicant Checklist Completed:	Signatures:
Remarks:		