

Application For Employment by Terra Vista Management



We consider applicants for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, marital or veteran status, disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application		
How Did You Learn About Us?				
<input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Advertisement, Which One?: <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____				
Last Name		First Name	Middle Name	
Address	Number	Street	City	
			State	Zip Code
Telephone Number(s)		Email Address		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No Not Applicable

Have you ever filed an application with us before? Yes If Yes, give date: _____ No

Have you ever been employed with us before? Yes If Yes, give date: _____ No

Are you currently employed? Yes No If so, where? _____

May we contact your present employer? Yes No If so, whom? _____

Are you legally authorized to work in the U.S.?
Proof of work authorization status will be required upon employment. Yes No

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

The majority of our staff is needed to work on weekends and holidays. To help us consider you for a job that matches your availability, please tell us the earliest time and the latest time you can work each day:

HOURS AVAILABLE FOR WORK	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	AM						
PM							

Hourly/Salary Wage desired? _____

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Have you been convicted of (or pleaded guilty to) a crime? (Do not identify marijuana - related misdemeanor convictions occurring more than two (2) years ago or convictions for which the criminal record has been expunged, sealed or eradicated by the court, or misdemeanor convictions for which any probation has been completed and the case dismissed by the court.)

Conviction will not necessarily disqualify an applicant from employment.

Yes No. of times _____ No

If Yes, describe fully: _____

Did the conviction (including guilty or plea) result in imprisonment?

Yes No N/A No. of times _____

Are you currently charged with an unresolved criminal charge, which has not yet resulted in a plea, trial, or a dropping of the charge, or for which you are out on bail or on your own recognizance pending trial? (A charge will not necessarily disqualify an applicant.)

Yes No Explain fully: _____

Do you have any commitments to another entity, business, or a person that might affect your ability to perform the functions, and to meet the attendance requirements, of the position for which you are applying, or that might affect your employment with our company? Yes No

Explain fully: _____

Do you take any illegal or non prescribed drugs? Yes No

Describe fully: _____

Do you use alcohol to the extent that it would impair your job performance? Yes No

Describe fully: _____

Will you consent to a pre-placement physical and drug screening after a conditional job offer?

Yes No

Do you have any visible tattoos or body piercing?

Yes No

Are you willing to cover your tattoos and cover or remove your body piercing?

Yes No N/A

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Other (Specify)				
If relevant to the position for which you are applying, indicate any foreign languages you can speak, read and / or write.				
	FLUENT	GOOD	FAIR	
SPEAK				
READ				
WRITE				

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, sexual orientation or other protected status:

List professional, trade, business or civic activities and offices held which are relevant to the position for which you are applying.

--

Describe any specialized training, apprenticeship, skills and extra-curricular activities which are relevant to the position for which you are applying.

--

Describe any job-related training or skills received in the United States military.

--

Employment Experience

Please list employment you have had during the last 10 years. **Start with your present or last job.** Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. *Please fill out completely.*

Employer		Dates Employed From month/year To month/year		Work Performed
Address				
Telephone Number(s)		Hourly Rate / Salary Starting Final		
Job Title	Supervisor / May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason For Leaving		Was termination voluntary or involuntary?		
Employer		Dates Employed From month/year To month/year		Work Performed
Address				
Telephone Number(s)		Hourly Rate / Salary Starting Final		
Job Title	Supervisor / May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason For Leaving		Was termination voluntary or involuntary?		
Employer		Dates Employed From month/year To month/year		Work Performed
Address				
Telephone Number(s)		Hourly Rate / Salary Starting Final		
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Address				
Telephone Number(s)		Hourly Rate / Salary Starting Final		
Job Title	Supervisor / May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Reason For Leaving		Was termination voluntary or involuntary?		

If you need additional space, please continue on a separate sheet of paper.

***Please account for any time you were not employed in the last ten (10) years (you need not list any unemployed periods of one month or less).

Time Period:	Reason(s) Unemployed:

Additional Information

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> Typewriter	<input type="checkbox"/> Word processor	Production/Mobile Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Spreadsheet		
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System		
<input type="checkbox"/> Fax			

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the functions of the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes with accommodation Yes without accommodation No

If you are able to perform the functions only with accommodations, please describe the nature of the accommodations you require and how you would perform the functions:

Is there any reason why you, when performing your duties, would pose a direct threat to the health or safety of yourself or others in the workplace? Describe fully:

REFERENCES: Give the name of three (3) persons not related to you whom you have known at least one year.

1. Name:	Phone:	Years Acquainted:
Address:		
2. Name:	Phone:	Years Acquainted:
Address:		
3. Name:	Phone:	Years Acquainted:
Address:		

Applicant's Statement

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

"I DECLARE UNDER PENALTY OF PERJURY THAT THE FACTS CONTAINED IN THIS APPLICATION OR ANY RESUME OR OTHER DOCUMENTATION SUBMITTED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS WILL DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND WILL BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT, IF DISCOVERED AT A LATER DATE."

_____ INITIALS

"I AGREE TO IMMEDIATELY NOTIFY THE COMPANY IF I SHOULD BE CONVICTED OF ANY CRIME WHILE MY JOB APPLICATION IS PENDING OR DURING MY PERIOD OF EMPLOYMENT, IF HIRED, AND TO IMMEDIATELY NOTIFY THE COMPANY OF AN ARREST FOR WHICH I AM OUT ON BAIL OR ON MY OWN RECOGNIZANCE PENDING TRIAL."

_____ INITIALS

"I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY). I FURTHER AUTHORIZE THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE."

_____ INITIALS

"I AUTHORIZE ANY PERSON, SCHOOL, CURRENT EMPLOYER (EXCEPT AS EXPRESSLY NOTED), PAST EMPLOYER(S), AND ORGANIZATIONS NAMED IN THIS APPLICATION FORM (AND ACCOMPANYING RESUME, IF ANY) TO PROVIDE THE COMPANY WITH RELEVANT INFORMATION AND OPINION THAT MAY BE USEFUL IN MAKING A HIRING DECISION. I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING INFORMATION AND OPINION (WHICH IS TRUTHFUL OR MADE IN GOOD FAITH) TO YOU."

_____ INITIALS

"I GIVE PERMISSION FOR A COMPLETE PRE-EMPLOYMENT PHYSICAL AND MENTAL EXAMINATION IF THE COMPANY MAKES A CONDITIONAL JOB OFFER. I ALSO CONSENT TO THE APPROPRIATE RELEASE OF ANY AND ALL MEDICAL INFORMATION, AS MAY BE DEEMED NECESSARY."

_____ INITIALS

"I UNDERSTAND THAT, IF HIRED, I MAY NOT HOLD OTHER EMPLOYMENT, NOR ENGAGE IN OTHER ACTIVITIES THAT CREATE A CONFLICT OF INTEREST WITH MY POSITION WITH THE COMPANY UNLESS GIVEN PERMISSION IN WRITING BY THE COMPANY."

_____ INITIALS

"IF I BECOME EMPLOYED, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY. ONLY THE PRESIDENT OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO AN EMPLOYMENT AGREEMENT FOR A SPECIFIED PERIOD OF TIME OR FOR TERMINATION ONLY FOR CAUSE, AND ANY SUCH AGREEMENT MUST BE IN WRITING AND SIGNED BY ME AND THE PRESIDENT. I UNDERSTAND AND ACKNOWLEDGE THAT THIS CONSTITUTES THE ENTIRE AGREEMENT BETWEEN ME AND THE COMPANY REGARDING THE TERM OF MY EMPLOYMENT AND SUPERSEDES ANY OTHER ORAL OR WRITTEN AGREEMENT."

_____ INITIALS

Signature of Applicant

Date

APPLICANTS DO NOT WRITE BELOW THIS LINE.

FOR INTERNAL USE ONLY

Managers, please complete the information below:

JOB OFFER <input type="checkbox"/> YES <input type="checkbox"/> NO		HIRE DATE	STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART <input type="checkbox"/> SEASONAL <input type="checkbox"/> ON-CALL	
DEPARTMENT			POSITION (i.e. Housekeeping, Janitor, Cook, Gardner)	
START DATE	START TIME	PAY-RATE	PER	90 DAY
DEPARTMENT MANAGER SIGNATURE			DATE	