



APPLICATION FOR EMPLOYMENT

3001 Executive Drive
Suite # 340
St. Petersburg, FL 33762

We are pleased that you are seeking employment with Timber Greens Community Association (the "Company"). Applicants are considered without regard to race, color, religion, sex, age, disability, citizenship or national origin, or any factors prohibited by local, state, or federal law. We are proud to be an Equal Opportunity Employer.

PERSONAL

Last Name:		First Name:		M.I.:	
Street Address:					
City:		State:		Zip:	
Email Address:					
Daytime Phone:			Evening Phone:		
In Case of Emergency, Please Contact	Name:		Phone:		
List all names you have used in the past:					
Have you ever been employed at our Company?	No		Yes		Date of Hire:
Have you ever applied for employment at our Company?	No		Yes		Date:
How were you referred to our Company?	Advertisement		Employee		Agency
					Other

EMPLOYMENT DESIRED

Date Available		Position		Salary Desired	\$	Per	
Are you interested in:	Temporary		Full-Time		Part-Time		

EXPERIENCE

List your last five (5) employers, starting with the most recent (go back 10 years), including military service. Attach separate sheet(s) if necessary.

May we contact your current employer?	Yes	No
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Employer Name:		Address:	
Supervisor:		Phone:	
Position:		From:	To:
Reason for Leaving:			

Employer Name:		Address:	
Supervisor:		Phone:	
Position:		From:	To:
Reason for Leaving:			

Employer Name:		Address:	
Supervisor:		Phone:	
Position:		From:	To:
Reason for Leaving:			

Employer Name:		Address:	
Supervisor:		Phone:	
Position:		From:	To:
Reason for Leaving:			

EDUCATION			
Begin with high school and include any military schools you may have attended.			
High School Name:		City/State:	
Did You Graduate?	Yes	No	GED
College or Trade School:		City/State:	
Course of Study:		Degree:	
College or Trade School:		City/State:	
Course of Study:		Degree:	
College or Trade School:		City/State:	
Course of Study:		Degree:	

SKILLS			
Licenses or Certifications:			
Proficient on Software:			
Additional Computer Skills:			
Other Skills:			
Can you perform this job with or without reasonable accommodation?	Yes	No	
Can you meet the attendance requirements of this job?	Yes	No	

IF HIRED, I WILL PROVIDE PROOF OF MY LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES

REFERENCES			
Name three (3) individuals we may contact who have knowledge of your performance and work experience, preferably former supervisors.			
Name:	Company:	Title:	
Company Address:	Phone Number:		
Name:	Company:	Title:	
Company Address:	Phone Number:		
Name:	Company:	Title:	
Company Address:	Phone Number:		

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment may result in rejection of this application or in immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, I authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between the Company and me. In addition, I understand and agree that if I am employed, my employment is at will and is for no definite or determinable period and may be terminated at any time, with or without prior notice, and with or without cause, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

_____ I understand that in connection with my application for employment, depending upon the position for which I have applied, any offer of employment is conditioned upon my taking and passing a post-offer/pre-employment drug test, and if necessary for the position for which I have applied, a post-offer/pre-employment medical examination. I understand that I may refuse to take any required pre-employment drug test and/or medical examination, but that if I do, any offer of employment will be immediately withdrawn.

_____ I understand that all qualified applicants with arrest and conviction records will be considered pursuant to the California Fair Chance Act and any applicable local ordinances (For California applicants only).

_____ I hereby consent to any and all of my prior employers to provide the Company information with regard to my employment with those prior employers (*Required for Arkansas Applicants*).

_____ I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANCE AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT SAME AS CONDITIONS OF MY EMPLOYMENT WITH COMPANY.

This application, when completed and signed, becomes the property of Company.

Applicant Signature:		Print Name:		Date:	
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