

**Yosemite Lakes Owners' Association / Yosemite Spring Park Utility Co.
EMPLOYMENT APPLICATION**

an Equal Opportunity Employer

Personal Information

Date _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ()	MAIDEN NAME	REFERRED BY	
ARE YOU A U.S. CITIZEN?		ARE YOU A PERMANENT RESIDENT OF THE U.S.?	

Employment Desired

E-MAIL Address: _____

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE/WHEN?	DO YOU HAVE RELATIVES CURRENTLY EMPLOYED AT YLOA OR YSPUC? <input type="checkbox"/> YES <input type="checkbox"/> NO

Education History

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

General Information

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
PROFESSIONAL CERTIFICATIONS (Please attach certificates)	
U.S. MILITARY OR NAVAL SERVICE	RANK

Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT)

DATE MONTH & YEAR	NAME , ADDRESS & PHONE # OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

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References

NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	PHONE NUMBER

DO YOU POSSESS A VALID CALIFORNIA DRIVERS LICENSE? (A DMV REPORT MAY BE A REQUIREMENT OF EMPLOYMENT)

YES NO

I certify that the information provided in this application is true and complete to the best of my knowledge and understand that, if employed, misstatements or omissions on this application shall be grounds for dismissal.

I authorize the investigation of all statements contained herein and authorize any and all persons and agencies to furnish to the Yosemite Lakes Owners' Association any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

DATE _____ SIGNATURE _____

INTERVIEWED BY: _____ DATE _____

Remarks

NEATNESS		CHARACTER			
PERSONALITY		ABILITY			
BACKGROUND CHECK		NOTES			
HIRE DATE	FOR DEPT.		WILL REPORT		WAGES
APPROVED	DEPARTMENT HEAD		H.R.M.		