



## APPLICATION FOR EMPLOYMENT

Associa is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, sex, color, religion, national origin, age, disability or any other unlawful basis.

### PERSONAL

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Are you 18 years of age or older? ☐ yes ☐ no

Are you legally eligible for employment in the United States? ☐ yes ☐ no *(If offered employment, you will be required to provide documentation to verify eligibility.)*

Have you ever been employed by an Associa member company or at an Associa managed facility? ☐ yes ☐ no

If yes, please state the facility name, location and dates of employment. \_\_\_\_\_

Do you have any relatives, household members or significant others employed by an Associa member company or at an Associa managed facility? ☐ yes ☐ no

If yes, please list the employee's name. \_\_\_\_\_

How did you hear about this position? ☐ Internet / Job Board ☐ Referral ☐ Career Fair ☐ Networking ☐ Other

Please list specific source: \_\_\_\_\_

### EDUCATION

Please indicate education or training which you believe qualifies you for the position you are seeking.

Type Education/Training	Name of School / Facility	Location of School (City & State)	Diploma, Degree, Certification Earned	No. of Years Completed
High School / GED				
Undergraduate				
Graduate				
Technical/Vocational/ Other				

Currently attending ☐ Undergraduate School ☐ Graduate School ☐ Other, please specify: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Number of hours enrolled in currently: \_\_\_\_\_

### SKILLS

Please list skills you possess that are applicable to the position you are seeking. If applying for an office position, list all software programs at which you are proficient. \_\_\_\_\_

Please list any languages other than English in which you are fluent. \_\_\_\_\_

### PROFESSIONAL LICENSE(S) OR MEMBERSHIP(S)

*(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status, or any other protected status.)*

License/Accreditation	Issuing Agency	License Number	Expiration Date

Professional Organization Memberships:

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY** List current/last employer first, including any military service.

Employer: \_\_\_\_\_ May we contact? ☐ yes ☐ no  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
          Number & Street                      City                      State                      Zip Code  
Employment Dates: from \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_ ☐ Full time ☐ Part time \_\_\_\_\_ hrs/wk  
Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_ Duties: \_\_\_\_\_  
If employed under a different name, indicate name: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer: \_\_\_\_\_ May we contact? ☐ yes ☐ no  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
          Number & Street                      City                      State                      Zip Code  
Employment Dates: from \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_ ☐ Full time ☐ Part time \_\_\_\_\_ hrs/wk  
Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_ Duties: \_\_\_\_\_  
If employed under a different name, indicate name: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employer: \_\_\_\_\_ May we contact? ☐ yes ☐ no  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
          Number & Street                      City                      State                      Zip Code  
Employment Dates: from \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_ ☐ Full time ☐ Part time \_\_\_\_\_ hrs/wk  
Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_ Duties: \_\_\_\_\_  
If employed under a different name, indicate name: \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

*If you wish to describe additional work experience, please attach a separate piece of paper.*

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? ☐ yes ☐ no If yes, please explain: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Please do not include family members

Name	Company	Title	Phone Number(s)	Email	Years Known
1.					
2.					
3.					

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Associa. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or Associa may terminate my employment at any time with or without notice or cause.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

***This application for employment is good for 30 days only. Consideration for employment after 30 days may require a new application.***