



**Villages of Westcreek**  
Owners' Association  
**APPLICATION FOR EMPLOYMENT**

Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Initial

\_\_\_\_\_  
Current Street Address City State and Zip Code

\_\_\_\_\_  
Telephone Social Security Number Gender

\_\_\_\_\_  
Permanent Street Address City State and Zip Code  
(If different from Current address)

\_\_\_\_\_  
Home Phone Mobile Phone

Are you 17 years or older? Yes No

Are you either a US citizen or an alien authorized to work in the US? Yes No

Have you ever worked or attended school under another name? If so, under what name?

\_\_\_\_\_  
Emergency Contact Name Relationship

\_\_\_\_\_  
Emergency Contact Phone

**Position Desired**

**POOL MONITOR**

\_\_\_\_\_  
Position Date you can start Desired salary

Have you previously worked for this company? If so, from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Former supervisor(s) at this company: \_\_\_\_\_

How did you learn about this opening? \_\_\_\_\_

### Education

High School	Graduated?	
Technical or Vocational School	Graduated?	Course of Study
College	Graduated?	Course of Study
Postgraduate School	Graduated?	Course of Study

### Education Continued

Other education, training, and certifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other special skills: \_\_\_\_\_

\_\_\_\_\_

### Military Experience

Branch of Service	Dates served	Rank at discharge
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Education and Training

Are you an active Reservist? Yes No

### Work Experience

List previous employment, beginning with most recent.

Employer	Address	City	State	Zip
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From	To	Position Held	Reason for Leaving
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Supervisor's Name and Title	May we contact?
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Description of Duties

(Continue with employment history on attached page.)

### Work Experience, Continued

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Employer	Address	City	State	Zip
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From	To	Position Held	Reason for Leaving
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Supervisor's Name and Title	May we contact?
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Description of Duties
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Employer	Address	City	State	Zip
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From	To	Position Held	Reason for Leaving
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Supervisor's Name and Title	May we contact?
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Description of Duties
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Employer	Address	City	State	Zip
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From	To	Position Held	Reason for Leaving
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Supervisor's Name and Title	May we contact?
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Description of Duties
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Employer	Address	City	State	Zip
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From	To	Position Held	Reason for Leaving
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Supervisor's Name and Title	May we contact?
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Description of Duties
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**Authorization and Acknowledgement**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on the application may be grounds for dismissal.

I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice.

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Signed

Date



**Villages of Westcreek**  
Owners' Association

**Disclosure Form**

I \_\_\_\_\_ give authorization to The  
Villages of Westcreek Owners Association to do a background check.

Name: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date