



**Personal Information**

Have you ever applied to or worked for Forest Meadows Owners Assoc. before? Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Forest Meadows ? Yes \_\_\_ No \_\_\_

If yes, state name (s) and relationship \_\_\_\_\_

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If hired, would you have a reliable means of transportation to and from work? Yes \_\_\_ No \_\_\_

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes \_\_\_ No \_\_\_

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes \_\_\_ No \_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes \_\_\_ No \_\_\_

If no, describe the functions that cannot be performed: \_\_\_\_\_

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?  
(Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes \_\_\_ No \_\_\_

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

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(Note: No applicant will be denied employment solely on the ground of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes \_\_\_ No \_\_\_

If so, may we contact you current employer? Yes \_\_\_ No \_\_\_

**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you graduate?	Degree or Diploma
High School			Yes ___ No ___	
College/ University			Yes ___ No ___	
Vocational/ Business			Yes ___ No ___	
			Yes ___ No ___	

Do you speak, write or understand any foreign languages? Yes \_\_\_ No \_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Forest Meadows Owners Association? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Answer the following questions if you are applying for a professional position

Are you licensed/certified for the job applied for? Yes \_\_\_ No \_\_\_

Name of license/certification \_\_\_\_\_

Issuing state \_\_\_\_\_

License/Certification Number \_\_\_\_\_

Has your license/certification ever been revoked or suspended? Yes \_\_\_ No \_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement

\_\_\_\_\_

\_\_\_\_\_

Have you ever been bonded? Yes \_\_\_ No \_\_\_

If "Yes", with what employers? \_\_\_\_\_

\_\_\_\_\_

**Employment History**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_ No \_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_ No \_\_\_

**Employment History, continued:**

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_ No \_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No.: ( ) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for a reference? Yes \_\_\_ No \_\_\_

Note: Attach additional pages(s) if necessary.

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military? Yes \_\_\_ No \_\_\_

If “Yes”, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment, and that 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 shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize FMOA to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and release FMOA, my former employers and all 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.

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_

**DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS OR  
INVESTIGATIVE CONSUMER REPORTS**

For employment purposes, Forest Meadows Owners Association (“FMOA”) or its authorized agent may obtain consumer reports, or investigative consumer reports, in connection with your employment application, or from time to time during employment in accordance with applicable law. Consumer reports include record checks conducted by consumer reporting agencies and may include driving records, criminal records, credit records, or other sources of information which are permissible by all governing laws pertaining to employment. Investigative consumer reports include investigations (for example, reference checks) conducted by consumer reporting agencies through personal interviews (or through any means in California) on information as to character, general reputation, personal characteristics, or mode of living. You may make a written request for a summary of consumer rights and a disclosure of the nature and scope of an investigation. A disclosure of the nature and scope of such investigation is provided below.

**DISCLOSURE OF NATURE AND SCOPE OF INVESTIGATION FOR  
INVESTIGATIVE CONSUMER REPORT**

In the event we request an investigative consumer report in connection with your employment application, a consumer reporting agency will prepare an investigative consumer report based on the following investigation: The agency will interview your former employers, business references, and/or personal references for information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The agency will also conduct a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position.

**AUTHORIZATION**

I authorize FMOA or its authorized agent to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes.

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_