



EMPLOYMENT APPLICATION

* The Villas at Tree Tops & Fairway, LLC
 P.O. Box 447 Route 209. Bushkill, Pa. 18324 (570) 588-6661

An Equal Opportunity Employer. Company policy, federal and state law prohibits discrimination on the basis of race, color, religion, national origin, sex, age or handicap.

APPLICANT INFORMATION			
Last Name	First	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Desired:			
If hired, can you provide evidence of legal eligibility to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.		
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?		
Other Name(s) under which you have been previously employed:		Name of Referral:	
Are you 18 Years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION			
High School	Address		
	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College	Address		
	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other	Address		
	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	

REFERENCES	
<i>Please list three professional references. Please do not include relatives.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT :

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

Please read the following statements carefully before signing this application. Only those applications that are signed and dated are considered valid.

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I acknowledge that any false statement or misrepresentation on this application or supplementary materials will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment.

I authorize this company to contact any of my past employers, except as otherwise indicated, and /or schools and authorize my past employers to furnish any information concerning my previous employment and or / education. I release this company and all persons and organizations from all claims and liabilities of any nature arising from investigations or the supplying of information for such investigations. In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews my neighbors, friends, or others with whom I am acquainted. This inquiry may include information on my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigative consumer report.

I have no objection if required to making application for a fidelity bond, security clearance, or criminal background check, signing an agreement on confidential information and inventions, or taking a physical medical examination at any time at the option and expense of the drug test company. If hired, I may be required to submit proof of U.S. citizenship or legal authority to reside and work in the U.S. I understand that my employment is for no definite period of time and may be terminated at any time by the company or by me with or without cause.

I have read and understand the foregoing statements and accept the same as conditions of applying for employment.

Signature	Date
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