APPLICATION FOR EMPLOYMENT
LONGVIEW LAKE ASSOCIATION, INC.
AN EQUAL OPPORTUNITY EMPLOYER

POSITION IN WHICH YOU ARE SEEKING: _____ **DATE:** _____

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE #: _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

EDUCATION

HIGH SCHOOL _____ YEARS ATTENDED _____

COLLEGE _____ YEARS ATTENDED _____

OTHER SCHOOLING _____ YEARS ATTENDED _____

PREVIOUS EMPLOYMENT

DATES	NAME OF EMPLOYER	POSITION	REASON FOR LEAVING
DATES	NAME OF EMPLOYER	POSITION	REASON FOR LEAVING
DATES	NAME OF EMPLOYER	POSITION	REASON FOR LEAVING

REFERENCES: GIVE NAMES OF 3 PERSONS NOT RELATED TO YOU AS PERSONAL REFERENCES.

NAME	BUSINESS	PHONE #	YEARS ACQUAINTED
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NAME	BUSINESS	PHONE #	YEARS ACQUAINTED

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION MAY BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, AND RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SUCH INFORMATION TO YOU.

LONGVIEW LAKE ASSOCIATION, INC. IS AN EQUAL OPPORTUNITY EMPLOYER. IT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN.

SIGNATURE OF APPLICANT: _____ DATE: _____