

APPLICATION FOR EMPLOYMENT



APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No. XXX – XX - _____			
Position Applied For:		Days/# Hrs Available for Work: Sun _____ Thurs _____ Mon _____ Fri _____ Tues _____ Sat _____ Wed _____		# Hrs available to work weekly: _____	
Are you able to perform the essential functions of the position with or without reasonable accommodations?					YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been expunged or sealed by a Court? A response of yes does not automatically disqualify your application. If yes, please briefly explain					YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION

High School		Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>			
College		Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		Degree	
Other Classes Related to Position:			

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone ()	Email Address:
Address			
Full Name		Relationship	
Company		Phone ()	Email Address:
Address			
Full Name		Relationship	
Company		Phone ()	Email Address:
Address			

PREVIOUS EMPLOYMENT – Please provide employment history for past five years

Company		Phone ()	
Address		Supervisor	Email:
Job Title		Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	<input type="checkbox"/> NO <input type="checkbox"/>
Are you eligible for rehire with this company?		YES	<input type="checkbox"/> NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	Email:
Job Title		Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	<input type="checkbox"/> NO <input type="checkbox"/>
Are you eligible for rehire with this company?		YES	<input type="checkbox"/> NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	Email:
Job Title		Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	<input type="checkbox"/> NO <input type="checkbox"/>
Are you eligible for rehire with this company?		YES	<input type="checkbox"/> NO <input type="checkbox"/>

MILITARY SERVICE

Are you a Veteran? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, are you a veteran of the Viet Nam era? YES <input type="checkbox"/> NO <input type="checkbox"/>
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DISCLAIMER AND SIGNATURE

Pelican Lakes, LLC and all its subsidiaries is an Equal Opportunity Employer. As a result, no applicant or employee will be discriminated against based on any area protected by law.

I certify that my answers are true and complete to the best of my knowledge. As part of the employment process, I understand that references will be checked. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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BACKGROUND CHECK AUTHORIZATION

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print Full Legal Name _____ Male Female

Print other names you have used _____

Social Security # _____ Drivers License # _____ Issuing State _____

Birth Date (Month & Day Only) _____ Place of Birth (City & State) _____

Current Address _____ City _____ State _____ Zip _____

County _____ How long at this address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How long at this address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How long at this address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How long at this address _____

I authorize Pelican Lakes, LLC and/or its agents to request a consumer report, or investigative consumer report, about me for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee. I understand that background reports will be requested on me, including credit reports, criminal convictions, employment history, education, professional references, personal references, civil court filings, driving records, and insurance records. These reports will include information as to my character, general reputation, personal characteristics, and mode of living, work habits, salary history, performance, education experience, reasons for termination of employment, and any history of criminal, dishonest, or violent behavior. Further I understand that requests for information will be made of various private and government agencies which maintain records concerning my past activities.

I release Pelican Lakes, LLC and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liability claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

Signature of Applicant

Date



Release and Disclaimer from Drug Testing

I hereby voluntarily agree to submit to any lawful drug test requested and conducted by Pelican Lakes, LLC which Pelican Lakes, LLC deems, in its sole discretion, to be reasonably necessary to provide its works with a safe working environment.

I acknowledge that in the course of my employment, and as a prerequisite of employment with Pelican Lakes, LLC, I may be asked to submit to a random drug test and provide a urine, blood, oral fluid or breath sample as part of a substance abuse screening test. I hereby consent to such tests and also agree to allow Pelican Lakes, LLC the right to make lawful searches of my work area and my vehicle while on company property, and other lawful surveillance activities, in an effort to keep the workplace drug free.

I authorize that the result of any drug test be communicated and disclosed to third parties. As a consequence of any positive result obtained by said test, I understand that I may not be offered a job with Pelican Lakes, LLC or may be disciplined leading up to or including immediate discharge if currently employed by Pelican Lakes, LLC.

I hereby indemnify, release and forever discharge and hold Pelican Lakes, LLC and its subsidiaries and affiliated companies, agents and employees harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with such tests, the results or any lawful use of the results.

Signature of Applicant or Employee: _____

Printed Name of Applicant or Employee: _____

Social Security Number: _____ Date: _____

Employer Representative: _____

[Save application and attach in an email to jobs@watervalley.com](mailto:jobs@watervalley.com)