

# Apple Valley Property Owners Association

113 Hasbrouck Circle, Howard, OH 43028  
 Phone: 740-397-3311 | Email: employment@applevalleypoa.com

*An Equal Opportunity Employer*

**Position Desired**

Please clearly print or type all answers.

## Personal Data

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Last, First, Middle*

Current Address: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

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

List any other names used if different from name given on application: \_\_\_\_\_

## Education & Training

Check Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School Diploma or G.E.D.  Yes  No

Name & Location of Schools, Colleges or Universities Technical, Vocational or Business Schools	Graduated		Type of Diploma or Degree	Major/Minor Field of Study
	Yes	No		
Name	<input type="checkbox"/>	<input type="checkbox"/>		
Address				
Name	<input type="checkbox"/>	<input type="checkbox"/>		
Address				
Name	<input type="checkbox"/>	<input type="checkbox"/>		
Address				
Name	<input type="checkbox"/>	<input type="checkbox"/>		
Address				
Name	<input type="checkbox"/>	<input type="checkbox"/>		
Address				

License/Certification	Date Issued	Issued By (state or other authority)	License Number	Location of Issuing Authority (city & state)

If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.

**Special Training:** List any special training program or courses you have attended which you feel may add to your qualifications. List Course, date, and institution (including military training).

Course Title	Date	Granting Institution

**Special Skills/Qualifications:** List special skills or qualifications (not listed above) you possess which you believe further qualify you for the position for which you are an applicant (specialized equipment or machines, tools, vehicles, or heavy equipment).

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**General Information**

Type of Driver's License:  Class A  Class B  Class C  Class M  
 Class A Commercial  Class B Commercial  Class C Commercial

CDL Endorsement(s):  
 Tank Vehicle  Double/Triple Trailer  Hazardous Materials  Passenger

**Dismissals and/or Forced Resignations:** Have you ever been fired or forced to resign from any position?  
 Yes  No  
 If answer is Yes to either or both of these question, please explain below.

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Have you ever been convicted of a MISDEMEANOR or FELONY and/or placed on probation, fined or given a suspended sentence such as deferred adjudication in court? List all cases other than minor traffic violations. PLEASE NOTE: A full disclosure by you is to your advantage as your record does not constitute an automatic bar to employment. Factors such as, but not limited to, age at time of offense(s) and recency of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. HOWEVER, FAILURE TO ADMIT CONVICTIONS WILL RESULT IN DISQUALIFICATION OF YOUR APPLICATION. If Yes, please provided the following:  Yes  No

Date	Charge	City/State	Disposition

If you need additional space, please attach a sheet listing information in the same format. Include your printed name and signature.

## Employment History

In the space provided below, give your employment history beginning with your present or most recent employer. List each position held (even those with the same employer), including military, part-time, summer, volunteer work, and any periods of unemployment. **An explanation of any period of unemployment should be included on page 4.**

Employer: _____ Address: _____ City: _____ State: ____ Zip: _____ Phone: _____ Job Title: _____ Supervisor: _____ Title: _____ Reason for Leaving: _____ Briefly Describe the Nature and Duties of Your Position: _____ _____ _____ _____ _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Start Date</th> <th style="width: 50%;">End Date</th> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> <tr> <th style="text-align: center;">Start Salary</th> <th style="text-align: center;">Final Salary</th> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	Start Date	End Date			Start Salary	Final Salary		
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Address: _____ City: _____ State: _____ Zip: _____		
Phone: _____ Job Title: _____	Start Salary	Final Salary
Supervisor: _____ Title: _____		
Reason for Leaving: _____		
Briefly Describe the Nature and Duties of Your Position:		

**References:**

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

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

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

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

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

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

**Are you related to any person employed currently by the Apple Valley Property Owners Association? (check one)**  Yes  No If answer is Yes, please indicate:

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

Department: \_\_\_\_\_ Position: \_\_\_\_\_

**Certification and Agreement**

I, the undersigned, certify that I have read and fully understand this form in its entirety and that the information provided is true and complete to the best of my knowledge. I understand that should any statement I have made prove false, misleading, or erroneous, it may result in the rejection of my application or discharge from the Apple Valley Property Owners Association. I also understand that as a condition of employment it may be subject to one or more of the following: driving record check, criminal history investigation, medical examination and/or a pre-employment drug-alcohol screening test. Employment is also subject to an initial probationary period and verification that age and citizenship/visa status meet legal requirements.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Apple Valley Property Owners Association, whether the said records are of a public, private, or confidential nature. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this statement will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. By signing below, I acknowledge that I have read, understand, and agree to the above statements.

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