

EMPLOYMENT APPLICATION

Landfall Council of Associations, Inc.



Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Landfall Council of Associations, Inc. ("LCOA") is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee based on race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, veteran or military status, genetic information, sexual orientation, or any other legally recognized protected basis under federal, state, or local law. The information collected by this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants.

Applicants with disabilities may be entitled to reasonable accommodation under the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on LCOA. Please inform a Human Resources representative if you need assistance completing this application or to otherwise participate in the application process.

GENERAL INFORMATION

Full Name _____ Date _____
FIRST MIDDLE LAST

Address _____
STREET CITY STATE ZIP CODE

Phone Number (____) _____ Date available for work _____

Email _____

Are you legally authorized to work in the United States? Yes No
 (If hired, verification will be required consistent with federal law.)

Are you at least 18 years old? Yes No
 (If no, you may be required to provide authorization to work.)

Do you have a driver's license? Yes No Operator Commercial (CDL)

Driver's license number _____ State of issue _____ Expiration date: _____

POSITION INFORMATION

Position applied for: _____ Desired Salary/Hourly Rate: _____

Applying for: Full-time Part-time Seasonal

If applying for Part-time, please specify hours _____

Are you willing to work overtime? Yes No

Date on which you can start work if hired _____

Have you previously applied for employment with LCOA? Yes No

If yes, when and where did you apply? _____

Have you ever been employed by LCOA? Yes No

If yes, please provide the dates of employment, position at separation, and reason for separation from employment.

EDUCATION

Type of School	School Name and Location	Number of Years Completed	Diploma, Degree, or Certificate Received	Course of Study or Major
High School (or G.E.D. equivalent)				
College or University				
Graduate School				
Vocational or Trade School				
Other				

BACKGROUND INFORMATION

Have you ever been terminated, suspended, or asked to resign from any position?

Yes No If yes, please explain. _____

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed? Yes No If yes, specify name. _____

Have you ever been convicted of a felony that has not been expunged, sealed, pardoned, annulled, statutorily eradicated, or dismissed by the court? You are not required to disclose sealed or expunged records of conviction or arrest, or sealed or expunged juvenile records of conviction or arrest. *Convictions will not necessarily disqualify an applicant from employment, but will be considered in relation to the specific requirements of the desired position(s).*

PERSONAL/PROFESSIONAL REFERENCES

List three personal/professional references (other than those listed as a current/former supervisor) that we may contact:

Name _____ Phone No. (____) _____

Email Address _____ Type of Acquaintance _____

Name _____ Phone No. (____) _____

Email Address _____ Type of Acquaintance _____

Name _____ Phone No. (____) _____

Email Address _____ Type of Acquaintance _____

EMPLOYMENT RECORD

Please list all present or previous employment experience that you have in chronological order, starting with the most recent or present employer, including US military service or training. Account for all periods of time including any period of unemployment. If self-employed, supply firm or company name and business references. Using a separate section for each position, describe in detail all work experience. **You may include as part of your employment history any verifiable work performed on a volunteer basis. Resumes may not be substituted in place of completing the following employment information. Your failure to completely respond to each inquiry may disqualify you from future consideration for employment with LCOA.**

Current Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Primary responsibilities _____ _____	Phone (____) _____ From _____ <div style="text-align: center;">Month Year</div> To _____ <div style="text-align: center;">Month Year</div>
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Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ <div style="text-align: center;">Month Year</div> To _____ <div style="text-align: center;">Month Year</div>
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Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ Month Year To _____ Month Year
Employer _____ Geographic Location _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ Month Year To _____ Month Year

How did you learn about LCOA? Check all that apply:

- LCOA's website
 Recruiter
 Word of mouth
 Other
 Careers website or job board (Monster, Indeed, CareerBuilder, etc.)
 Social media (LinkedIn, Facebook, etc.)

Family members of residents will not be hired for employment. The regular employment of an LCOA employee's family member is discouraged and will be permitted only where such employment does not create or have the potential to create an adverse effect on supervision, safety, security, or morale. This includes situations where one relative is under the direct supervision of the other relative or where relatives are working in the same department. In no event, shall any employee of LCOA participate in the decision-making regarding employment or a contract for services of any family member. If you receive a conditional offer of employment, you may be asked to identify any family member who is a current employee of LCOA. For purposes of this policy, "family member" is defined broadly as the following: spouse; domestic partner; parent; son or daughter; brother or sister; grandparent or grandchild; aunt or uncle; niece or nephew; cousin; guardian or ward; step, half, or in-law relation; a person living in one's household; or any other person with such a close bond and relation as to suggest conflict in the employment relationship (e.g., a fiancé).

Have you signed or otherwise agreed to any non-solicitation, non-competition, or other similar post-employment restriction or agreement with your current or any prior employer? Yes No If yes, explain:

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PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I understand that, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment and must receive a negative result for illegal drug use before being permitted to commence work with LCOA.

_____ Initials

I understand that, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with LCOA.

_____ Initials

I understand that, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

_____ Initials

I understand that employment with LCOA is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ Initials

I authorize LCOA and its representatives to contact my current and former employers (with the exception of my current employer, if I have marked "May we contact?" on page 3 of this application as "No"), schools, references, and other persons or organizations I have named in this application for the purpose of verifying the information I have provided. I release my current and former employers, schools, references, and other persons or organizations named in this application from any liability resulting from the information released. I authorize employers, schools, and other persons or organizations named in this application to provide any information or transcripts requested.

_____ Initials

I hereby certify that, if employed, my employment with LCOA will not conflict with, violate, breach, or result in default under, any contract, agreement, or understanding that I am a party to or am bound by, including any non-solicitation, non-competition, or other similar post-employment restriction or agreement I have with any current or former employer, other than the contracts, agreements, covenants, or understandings I have disclosed in this application, if any.

_____ Initials

I understand and agree that, if hired, my employment will be at will, which means employment is for an indefinite period of time and may be terminated by myself or LCOA at any time, with or without cause, and with or without notice.

_____ Initials

I certify that all of the above information is true and complete and I understand that any falsification or omission of information made by me may disqualify me from further consideration for employment or, if hired, may result in my termination at any time during the period of my employment, regardless of the amount of time that has passed.

_____ Initials

Note: An offer of employment is conditioned upon complying with LCOA's requirements including, but not limited to, signing a separate disclosure and consent form prior to any background check.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____

Date _____