



Twin Lakes Community is an Equal Opportunity Employer.

Twin Lakes
COMMUNITY

Twin Lakes Community **APPLICANT'S STATEMENT**

To be read and signed before completing Application Form

I understand that, if employed, my employment with Twin Lakes Community is "At Will", and for this reason can be terminated at any time, for any reason, with or without notice, with or without cause, at my option or at the option of Twin Lakes Community or its representative. I understand that no person other than the President/CEO has the authority to enter into agreement for employment for any specified period of time, or to make an agreement contrary to the matters set forth in this Application for Employment.

I certify that the information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact, in any respect, on this application may result in my dismissal. I authorize any and all of the aforementioned employers and/or educational institutions to provide Twin Lakes Community and/or its representative any and all information concerning my previous employment or attendance. In releasing any pertinent information they may have, personal or otherwise, I release all parties from liability for any damage that may result from such disclosure.

I authorize Twin Lakes Community to investigate my motor vehicle record, my criminal record, and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends, and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics, and mode of living. I understand 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 investigation.

I understand Twin Lakes Community and/or its representative reserves the right to require a DRUG SCREENING, CREDIT CHECK, MOTOR VEHICLE RECORD CHECK, and a CRIMINAL BACKGROUND CHECK of/on any applicant or employee, either prior to employment or at any time during employment. I understand that Twin Lakes Community reserves the right to require me to submit to a drug screen at any time and also reserves the right to require me to submit to an alcohol test/or medical examination to the extent permitted by law.

SIGNATURE OF APPLICANT: _____

DATE: _____



APPLICATION FOR EMPLOYMENT

This Application will remain active for 90 days; thereafter, you must reapply for consideration for any available position.

NOTE: Failure to provide requested information, in detail or by omission, will result in lack of consideration of this Application.

Date of Application: _____

Position Applied For: _____
(You must specify a position or application will not be considered.)

Please print your Legal Name as it appears on your Social Security card:

First Middle Last

Street Address City

State Zip Code Home/Cell Phone

Social Security Number Email Address

Salary expected: \$ _____ Full Time: _____ Part Time: _____
(Do NOT leave blank)

Shift or Hours available to work: _____

Are you willing to work overtime and holidays when required? _____

When will you be able to begin work? _____

Have you ever **applied** here before? YES ___ NO ___ When? _____

Have you ever **worked** here before? YES ___ NO ___ When? _____

Have you resided in North Carolina for the past 5 years? YES ___ NO ___

Are you over 18 years of age? YES: _____ NO: _____

How did you hear about this job opening? (✓) ___ Newspaper ___ Website
___ Internal Job Posting ___ Referral by _____

Are you related to a current employee? YES ___ NO ___ Who? _____

Have you ever been **Convicted, Pled Guilty or No-Contest**, of/to a **Criminal Offense** excluding traffic citations? **NOTE! (A conviction may not have required a Court appearance.)** Answering "YES" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

NO _____ YES _____

If YES, explain: _____

LIST ALL EDUCATION AND TRAINING

High School - Name:	Location:		
Years completed:	Did you graduate:	YES	NO
College - Name:	Location:		
Years completed:	Did you graduate:	YES	NO
Degree(s) earned:			
Additional training received or post graduate work(please indicate name of institution, location, course of study, and/or specific training received:			

MILITARY SERVICE

Branch _____ Years _____

Reason for leaving _____ Rank _____

EMPLOYMENT:

Failure to give accurate, detailed, and complete requested information (dates of employment, salary, position, reason for leaving...etc.), will result in lack of consideration of your application.

Have you ever been terminated or asked to resign? _____

May we contact your current employer? _____

If NO; please explain _____

Begin with your present or most recent employer.

1. Company Name:	Phone:
Address:	
Job Title:	
Job Duties:	
Employment Dates:	From: To:
Annual Salary or Hourly Rate of Pay (REQUIRED):	
Supervisor's Name:	
Reason for Leaving:	

2. Company Name:	Phone:
Address:	
Job Title:	
Job Duties:	
Employment Dates:	From: To:
Annual Salary or Hourly Rate of Pay (REQUIRED):	
Supervisor's Name:	
Reason for Leaving:	

3. Company Name:	Phone:
Address:	
Job Title:	
Job Duties:	
Employment Dates:	From: To:
Annual Salary or Hourly Rate of Pay (REQUIRED):	
Supervisor's Name:	
Reason for Leaving:	

4. Company Name:	Phone:
Address:	
Job Title:	
Job Duties:	
Employment Dates:	From: To:
Annual Salary or Hourly Rate of Pay (REQUIRED):	
Supervisor's Name:	
Reason for Leaving:	

I certify that all the information submitted by me on this application is true and complete. I understand that any false information, omissions, or misrepresentations will result in my disqualification from consideration of employment, or if I am employed, dismissal.

SIGNATURE OF APPLICANT: _____

DATE: _____