



Condominium Management Company
and Stay Winter Park
P.O. Box 3095
Winter Park, CO 80482
970-726-9421



Instructions: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. Please print except for signature on back of application. All information you give on this application will be held in strict confidence.

Personal Data:

Job applying for: _____ Today's Date: _____
Are you seeking: Full Time Seasonal Part-time Temporary
When are you available for employment? _____

Last Name _____ First Name _____ Middle Name _____ Phone number _____
Present Street Address/P.O. Box _____ City _____ State _____ Zip Code _____
How were you referred to us? _____

Military:

Military Status: Active duty service from _____ to _____
Branch of service: _____
Service duties: _____
Are you a member of a Reserve Organization? Yes No

General:

Were you ever previous employed here? Yes No
If yes, when? _____
Have you ever applied here before? Yes No
If yes, when? _____
Have you ever been convicted of a felony? Yes No
If yes, give particulars _____
Are you now or do you expect to be engaged in any other business or employment? Yes No
If yes, please explain _____
For jobs requiring driving, do you have a valid driver's license? Yes No
If you will be using your personal vehicle in this position, can you provide valid proof of insurance? Yes No

Education:

Please list highest grade completed and provide name of school and address.
Highest grade completed: _____
Name & address of school: _____
Please list additional training you wish to mention _____

Other requirements:

Would you take a physical examination if required? Yes No
Would you take a drug test if required? Yes No

References:

Please provide three references that are not relatives or former employers.

Name	Address	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work history:

List name of employers in consecutive order present or last employer first. Account for all periods including military service or any periods of unemployment. If self-employed, give firm name and supply business references.

_____	Employed From: _____ To: _____	Pay Start: _____ Final: _____
Name of present or late employer _____	_____	_____
Address _____	Telephone _____	

Title & Duties _____

Name of Supervisor _____	Title _____	Reason for leaving _____
Name of employer _____	Employed From: _____ To: _____	Pay Start: _____ Final: _____
Address _____	Telephone _____	

Title & Duties _____

Name of Supervisor _____	Title _____	Reason for leaving _____
Name of employer _____	Employed From: _____ To: _____	Pay Start: _____ Final: _____
Address _____	Telephone _____	

Title & Duties _____

Name of Supervisor _____	Title _____	Reason for leaving _____
Name of employer _____	Employed From: _____ To: _____	Pay Start: _____ Final: _____
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Title & Duties _____

Name of Supervisor _____	Title _____	Reason for leaving _____
Name of employer _____	Employed From: _____ To: _____	Pay Start: _____ Final: _____
Address _____	Telephone _____	

Title & Duties _____

Name of Supervisor _____	Title _____	Reason for leaving _____
Is any additional information relative to change of name, use of nickname, or nickname necessary to enable us to check your work record? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please list other names _____		
Are you presently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, may we contact your present employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Special skills:

If you are an experienced operator of any business machines or equipment, please list _____

If you are an experienced operator of any plant machines or equipment, please list _____

Do you type?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Words per minute	_____
Do you have computer skills?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, please list _____				
Do you have any other skills you wish to mention? _____				

Investigative consumer report:
In making this application for employment, it is understood that an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends, and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request with a reasonable period for complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

Affidavit:
I certify that the answers given by me to the foregoing questions and statements are true and correct without with consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by in this questionnaire. I also authorize the companies, schools or persons named above to give any information. I certify that all statements and answers to questions about my health are true and was made by me without any reservations. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void and if employed, would be cause for termination. I understand that if employed I have been hired at the will of the employer and that my employment may be terminated at will, at any time, and with or without cause the employer's only obligation being to pay salary or wages due and owing at the time of termination.

Signature _____ Date _____