

Lakeside Association

236 Walnut Ave. Lakeside, Ohio 43440
 419-798-4461 419-798-5033 fax
 employment@lakesideohio.com



APPLICANT INFORMATION – 2012						TODAY'S DATE:					
Last Name					First				M.I.		
Current Address							Apartment/Unit #				
City	State		City		Zip	Home Phone					
E-Mail Address						Cell Phone					
Permanent Address *		* YOUR YEAR END TAX INFORMATION WILL BE SENT TO THIS ADDRESS									
Address				City			State			Zip	
Date of Birth				Are you able to perform the essential functions of your job without accommodations?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
When can you work? Begin Date:				End Date:		Can you work weekends before/after the dates listed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you legally authorized to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to provide proof of your eligibility to work as required?		YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?							
Have you ever been convicted of a felony? If yes, please explain:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	A conviction will not automatically bar employment, but will be considered as it relates to fitness and ability to perform the job in question. Failure to honestly answer this question will result in discontinued consideration or termination of employment.							
NOTICE: Submitting this or any other application to the Lakeside Association does not guarantee employment. Acceptance of employment this year does not create a contractual obligation for the Lakeside Association to continue employment next year or at any future time.											
EDUCATION											
High School					Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	GPA					
College					Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree and/or Year/GPA					
Other					Address						
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES											
<i>Please list two professional references</i>											
Full Name				Relationship & Length of Time							
Company		Address									
E-mail & Phone											
Full Name				Relationship & Length of Time							
Company		Address									
E-mail & Phone											
Applicants over 18 may qualify for onsite housing					Dorm/Housing Needed: YES <input type="checkbox"/> NO <input type="checkbox"/>						



Lakeside Association is a non-smoking work environment.

PREVIOUS EMPLOYMENT					
Company				Phone	
Address				Supervisor	
Job Title			Starting Salary	\$	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"/>	E-mail:
Company				Phone	
Address				Supervisor	
Job Title			Starting Salary	\$	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"/>	E-mail:
PLEASE SELECT FROM THE FOLLOWING DEPARTMENTS: Gates, Shuttle, Housekeeping, Hotel Front Desk, Maintenance/Grounds, Recreation, Orchestra Hall, Banquet Staff or Hoover Stage Crew NOTE: Seasonal jobs are available from Memorial Day to Labor Day					
1 st choice					
2 nd choice					
3 rd choice					
DISCLAIMER AND SIGNATURE					
<p>I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THE EMPLOYMENT INTERVIEWER BEFORE SIGNING.</p> <p>Truth: I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that the Lakeside Association is relying on my complete honesty. I understand that any inaccuracy, misrepresentation, or incomplete answer provided by me in this application will cancel the application or may result in termination if I have been employed.</p> <p>INVESTIGATION: I understand that, as a condition of employment, the Lakeside Association must conduct and receive favorable results through a pre-employment investigation. This investigation includes, but may not be limited to, current employer reference checks, former employer reference checks, personal reference checks, criminal reference checks, credit bureau reports, financial institution account verification checks, and possibly a review of my driving record if I am applying for a position that involves driving. I hereby authorize the Lakeside Association to conduct an investigation to obtain any requested information and to investigate all statements made by me in this application. I hereby direct former employers, all references, individuals, and all applicable government agencies to respond to the Lakeside Association's questions concerning my application for employment. I understand that the information released or provided is for business use by the Lakeside Association and may be disclosed to third parties as necessary in the conduct of its business. If I am hired, I authorize the Company to supply my employment record, in whole or in part, to any prospective employer, government agency, or other party with legal and proper interest. I release the Lakeside Association, these parties and any individual, including record custodians, from any and all liability for any damage that may result from furnishing the requested information or any of my personal records.</p> <p>Employment At Will: I understand that if I am employed by the company, I will be an employee at will. My employment can be terminated at any time by me or the Lakeside Association, with or without notice, and with or without reason, in accordance with the laws of the State of Ohio. The terms and conditions of my employment, my compensation, and my benefits may be changed at any time by the Lakeside Association. Any oral statements or promises to the contrary are not binding on the company. If hired, I will comply with all rules and regulations of the Lakeside Association, sign certain associate agreements as a condition of employment and be subject to random and/or probable cause drug testing.</p> <p>Electronic Signature: By electronically submitting this employment application I am acknowledging that I have not misrepresented any education, employment, personal or other information and have provided to the best of my knowledge and ability accurate, complete and correct information. I also understand that if I am hired I may be required to sign a document further stating that all information provided during the hiring process was accurate and complete.</p>					
Signature				Date	



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BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize the Lakeside Association and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with the Lakeside Association.

I release the Lakeside Association and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (printed): _____

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name or Other Last Names Used: _____

Other Middle Initial: _____

***Social Security Number:** _____

***Date of Birth:** _____

Present Address: _____

City/State/Zip: _____ **County:** _____

Phone Number: _____ **How Many Years at this Address:** _____

Former Address: _____

City/State/Zip: _____ **County:** _____

How Many Years at this Address: _____ **From** _____ **To** _____

Driver's License Number: _____ **State of License:** _____

By electronically submitting this employment application and background check I am acknowledging that I have not misrepresented any education, employment, personal or other information and have provided to the best of my knowledge and ability accurate, complete and correct information. I also understand that if I am hired I may be required to sign a document further stating that all information provided during the hiring process was accurate and complete.

Signature: _____ **Date:** _____

Submit

** The above information is required to conduct this background check. The Lakeside Association is an Equal Opportunity Employer, and does not discriminate on the basis of sex, race, religion, age (40 and over), handicap or national origin.*