



# White Meadow Lake Property Owners Association, Inc.

100 White Meadow Road, Rockaway, NJ 07866 • 973-627-5300 • www.whitemeadowlake.org

## APPLICATION FOR EMPLOYMENT

Please answer all questions. Resumes are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information, citizenship status or any other category protected by applicable federal, state, or local laws.

Applicant Name \_\_\_\_\_ Position Applied For \_\_\_\_\_ (list one only)

Telephone Number \_\_\_\_\_ Alternate/Cell Number \_\_\_\_\_

Present Address \_\_\_\_\_

(Street, Apartment or Unit Number)

Email address \_\_\_\_\_

(City)

(State)

(Zip Code)

Are you 18 years of age or older? Yes  No

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes  No

Type of Employment desired? Full-time  Part-time  Specify Hours \_\_\_\_\_ Desired Pay \_\_\_\_\_

Are you willing to work overtime? Yes  No  Date on which you can start work, if hired: \_\_\_\_\_

If hired, can you provide proof that you are legal eligible for employment in the U.S.? Yes  No

If not, what steps must be taken for you to begin employment lawfully? \_\_\_\_\_

Have you previously applied for employment with the WML POA? Yes  No

If yes, when did you apply? \_\_\_\_\_ Have you ever been employed by the WML POA? Yes  No

If yes, provide dates of employment, location and reason for separation from employment. \_\_\_\_\_

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

Do you have any commitments to any other employer which could affect your employment with the WML POA if hired (for example, an employment agreement, a non-competition or non-solicitation agreement, etc.)? Yes  No

If yes, please explain. \_\_\_\_\_

Education	School Name and Location (Address, City, State)	Course of Study Or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

**WORK EXPERIENCE**

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. **Do not answer "see resume."**

**Employer**

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Name _____	Address _____	Type of Business _____
Telephone _____	Dates Employed From ____/____/____ To ____/____/____	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, why not? _____

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Reason for Leaving? \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

Were you ever disciplined? If so, for what? \_\_\_\_\_

How much notice did you give when resigning? If none, explain \_\_\_\_\_

**Employer**

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Name _____	Address _____	Type of Business _____
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Have you ever been terminated or asked to resign from any job? Yes  No  If yes, how many times? \_\_\_\_\_

Has your employment ever been terminated by mutual agreement? Yes  No  If yes, how many times? \_\_\_\_\_

Have you ever been given the choice to resign rather than be terminated? Yes  No  If yes, how many times? \_\_\_\_\_

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

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Briefly describe your qualifications for this position and any special skills or experience you possess which will be of special benefit in the position for which you are applying: \_\_\_\_\_

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List any professional or occupational registration, licensure or certification you currently hold which may be applicable to the position for which you are applying and/or indicate whether you have ever had any related professional registration, license or certification suspended, revoked or terminated: \_\_\_\_\_

**REFERENCES (Optional)**

Please list the names of additional work-related references we may contact who have worked with you in the past. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e. Supervisor, co-worker)	TELEPHONE/EMAIL

Please list the names of personal references (not previous employers or relatives) who you know that we may contact.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e. Supervisor, co-worker)	TELEPHONE/EMAIL

<b>APPLICANT CERTIFICATION</b>
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I understand and agree that if driving is a requirement of the job or which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the WML POA may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the WML POA has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) unlawful drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the WML POA's policy and federal, state, and local law, may be subject to urinalysis, and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs, if employed, I understand that alcohol and/or drug testing is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the WML POA's policies and applicable federal, state and local law.

If employed by the WML POA, I understand and agree that the WML POA, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of Company property (including, but not limited to, files, lockers, desks, vehicle, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate, to the best of my knowledge. I understand that any falsification, misrepresentation, or omission or any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THE WML POA IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE WML POA OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT – EXPRESS OR IMPLIED – WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE WML POA.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE WML POA, AND I UNDERSTAND THAT THE WML POA HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL UNLESS SUCH AGREEMENT IS SIGNED BY THE PRESIDENT OF THE COMPANY OR THE PRESIDENT’S DESIGNEE.

I authorize the WML POA and/or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking, to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. I certify that this document serves as my written notification that the WML POA may obtain consumer reports (for example, criminal history, driving records, etc.) on me for use in connection with my Application (where allowed by law) and, if I am hired, my employment, unless otherwise prohibited by state, local, or federal law.

**I AUTHORIZE AND CONSENT TO, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER (INCLUDING ANY AND ALL PRIOR EMPLOYERS OF MINE) TO FURNISH INFORMATION REGARDING MY PREVIOUS EMPLOYMENT HISTORY AND/OR ANY OF THE ABOVE-MENTIONED INFORMATION.** I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law any party delivering information to the WML POA or its duly authorized representative pursuant to this authorization from any liability claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the WML POA and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize WML POA to provide truthful information concerning my employment to future employers and hold the WML POA harmless for providing such information.

If hired by this Company, I understand that I will be required to Provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand that WML POA employs only individuals who are legally eligible to work in the United States.

**This application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that time you must reapply.**

**I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.**

**DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If the Applicant is a minor, the foregoing release and consent must be signed by the applicant’s parent or legal guardian. Signature by the applicant’s parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the WML POA, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant’s legal guardian.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date