

## Tall Timbers Property Owners Association Application for Employment

Pre-Employment Questionnaire ~ Equal Opportunity Employer

## **Personal Information**

| Name (Last Name, First)                             |           |   | Social Security Number |   |  |  |
|---|-----------|---|------------------------|---|--|--|
| Present Address                                     |           |   | City, State, Zip       |   |  |  |
| Permanent Address                                   |           |   | City, State, Zip       |   |  |  |
| Phone Number Secondary Ph                           |           | none Re   |                        | deferred by   |  |  |
| Email Address                                       |           |   |                        |   |  |  |
| Employment Desired                                  |           |   |                        |   |  |  |
| Position  |           | Date available                                    |                        | Salary Desired                                      |  |  |
| Are you currently employed?YESNo                    |           | If yes, may we contact your present employerYESNo |                        | Are you legally authorized to work in the US? YESNo |  |  |
| Have you ever applied to Tall Timbers before? YESNo |           |   |                        | If yes, where & when                                |  |  |
| Have you ever worked for Tall Timbers before?YESNo  |           |   |                        | If yes, where & when                                |  |  |
| Reason for leaving                                  |           |   |                        |   |  |  |
| Name of last supervisor                             |           | _   |                        |   |  |  |
| How did you hear about this                         | position? |   |                        |   |  |  |

## **Education History**

| <u> Ladoution Filstory</u>                 |                |                 | 1         |           |                 |  |
|--|----------------|-----------------|-----------|-----------|-----------------|--|
| Name & Location of                         |                | of School       | Years     | Did you   | Subject studied |  |
| High Cabaal                                |                |                 | Attended  | graduate? |                 |  |
| High School                                |                |                 |           |           |                 |  |
| College                                    |                |                 |           |           |                 |  |
|  |                |                 |           |           |                 |  |
| Trade, Business or                         |                |                 |           |           |                 |  |
| Correspondence School                      |                |                 |           |           |                 |  |
| General Information                        |                |                 |           |           |                 |  |
| Subject of special study/research work     | <              |                 |           |           |                 |  |
|  |                |                 |           |           |                 |  |
| Special training, certifications, licenses | 5              |                 |           |           |                 |  |
|  |                |                 |           |           |                 |  |
| Special skills, foreign languages, etc.    |                |                 |           |           |                 |  |
|  |                |                 |           |           |                 |  |
|  |                |                 |           |           |                 |  |
| Military Service Record                    |                |                 |           |           |                 |  |
| Have you ever served in the armed for      | rces?          |                 |           |           |                 |  |
|  |                |                 |           |           |                 |  |
| YESNo                                      |                |                 |           |           |                 |  |
| Branch of service                          |                | Rank            |           |           |                 |  |
| branch of service                          |                | Natik           |           |           |                 |  |
| Discharge date                             |                | 1               |           |           |                 |  |
|  |                |                 |           |           |                 |  |
| Previous Employment (List your la          | ast three prev | vious employers | <u>s)</u> |           |                 |  |
| Name of Current or Post Employer           |                |                 |           |           |                 |  |
| Name of Current or Past Employer           |                |                 |           |           |                 |  |
|  |                |                 |           |           |                 |  |
| Address including city & state             |                |                 |           |           |                 |  |
|  |                |                 |           |           |                 |  |
| Starting Date                              | End Date       |                 | Jo        | Job Title |                 |  |
|  |                |                 |           |           |                 |  |
| Weekly starting salary                     |                | Weekly Final Sa | lary      |           |                 |  |
| May we contact your supervisor?            | YES            | <u>l</u><br>No  |           |           |                 |  |
|  |                |                 |           |           |                 |  |
|  |                |                 |           |           |                 |  |
| Name of last supervisor                    |                |                 |           |           |                 |  |
| Name of Supervisor                         | Title          |                 | PI        | none      |                 |  |
| ,  | ·              |                 | '         | THORE     |                 |  |

| Description of work              |                     |    |           |  |  |
|----------------------------------|---------------------|----|-----------|--|--|
| Description of work              |                     |    |           |  |  |
| Reason for leaving               |                     |    |           |  |  |
| Previous Employment (continued   | <u>i)</u>           |    |           |  |  |
| Name of Current or Past Employer |                     |    |           |  |  |
| Address including city & state   |                     |    |           |  |  |
| Starting Date                    | End Date            |    | Job Title |  |  |
| Weekly starting salary           | Weekly Final Salary |    |           |  |  |
| May we contact your supervisor?  | YES _               | No |           |  |  |
| Name of last supervisor          |                     |    |           |  |  |
| Name of last supervisor          |                     |    |           |  |  |
| Name of Supervisor               | Title               |    | Phone     |  |  |
| Description of work              |                     |    |           |  |  |
| Reason for leaving               |                     |    |           |  |  |
|                                  |                     |    |           |  |  |
| Name of Current or Past Employer |                     |    |           |  |  |
| Address including city & state   |                     |    |           |  |  |
|                                  |                     |    |           |  |  |
| Starting Date                    | End Date            |    | Job Title |  |  |
| Weekly starting salary           | Weekly Final Salary |    |           |  |  |
| May we contact your supervisor?  | YES _               | No |           |  |  |
| Name of last supervisor          |                     |    |           |  |  |
| Name of Supervisor               | Title               |    | Phone     |  |  |
| Description of work              |                     |    | 1         |  |  |

| Reason for leaving            |                           |          |           |       |  |
|-------------------------------|---------------------------|----------|-----------|-------|--|
|                               |                           |          |           |       |  |
|                               |                           |          |           |       |  |
| References (List professional | references we may contact | t)       |           |       |  |
| Name                          | Address                   | Busir    | ness      | Phone |  |
| Hame                          | 71441 033                 | Dusiness |           | THORE |  |
|                               |                           |          |           |       |  |
|                               |                           |          |           |       |  |
|                               |                           |          |           |       |  |
|                               |                           |          |           |       |  |
|                               |                           |          |           |       |  |
|                               |                           |          |           |       |  |
|                               |                           |          |           |       |  |
|                               |                           |          |           |       |  |
|                               |                           |          |           |       |  |
|                               |                           |          |           |       |  |
|                               |                           |          |           |       |  |
|                               |                           |          |           |       |  |
| To be completed by Tall Tim   | hore:                     |          |           |       |  |
| To be completed by Tall Tim   | <u>Dei 5.</u>             |          |           |       |  |
| Interviewed by                |                           |          | Date      |       |  |
|                               |                           |          |           |       |  |
| Remarks                       |                           |          |           |       |  |
|                               |                           |          |           |       |  |
|                               |                           |          | Г.        |       |  |
| Neatness                      |                           |          | Character |       |  |
| Personality                   |                           |          | Ability   |       |  |
| •                             |                           |          | •         |       |  |
| Interviewed by                |                           |          | Date      |       |  |
| interviewed by                |                           |          | Dute      |       |  |
|                               |                           |          |           |       |  |
| Remarks                       |                           |          |           |       |  |
|                               |                           |          |           |       |  |
| Neatness                      |                           |          | Character |       |  |
| -                             |                           |          |           |       |  |
| Personality                   |                           |          | Ability   |       |  |
|                               |                           |          |           |       |  |