EMPLOYMENT APPLICATION

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our company ("Company") fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, The Company maintains a smoke- free workplace.

Applicants for positions in Rhode Island please note that the Company and ADP TotalSource, our Professional Employer Organization are subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island and are therefore covered by the state's workers compensation law.

COMPANY: Sun City Grand Community Association Management

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL DATA

Salary expectations: _____

Name: _____
Last Middle First

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email address: _____

If you are under 18 years of age, please specify your age: _____ (This information will be used only for child labor law purposes).

Are there any days, shifts or hours you will not work? ☐ Yes ☐ No

If yes, please explain: _____

Are you available for out of town work? ☐ **Yes** ☐ **No**

Will you work overtime, if required? ☐ **Yes** ☐ **No**

When will you be able to start work? _____

Have you ever been found at fault in a civil action for an intentional tort (intentional commission of a wrongful act)? ☐ **Yes** ☐ **No**

Note: Answering "yes" does not automatically exclude you from further consideration for the position.

If yes, include nature of the intentional tort and the disposition of the action: _____

_____

_____

How did you learn of the Company? _____

If referral, who were you referred by? _____

Have you ever applied or worked for ADP TotalSource or the Company before? ☐ **Yes** ☐ **No**

If yes, provide dates: _____

Are you legally authorized to work in the United States? ☐ **Yes** ☐ **No**

Will you now or in the future require sponsorship for employment visa status (e.g.,H-1B visa status)? ☐ **Yes** ☐ **No**

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

DRIVING RECORD

(Answer only if driving is a requirement of the job for which you are applying).

Do you have a valid driver's license? ■ **Yes** ☐ **No** State: _____ License No: _____

Have you had any tickets? ■ **Yes** ☐ **No**

If yes, please explain:

_____

_____

_____

EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Graduated		If no, Degree Credits Earned	Type of Degree Received or Expected	Major	Minor	Grade Point/ Overall GPA
	Yes	No					
High School	☐	☐					
College or University	☐	☐					
Technical/GED	☐	☐					
Licenses/ Certification/Other	☐	☐					

EMPLOYMENT HISTORY:

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: ☐ Yes ☐ No

Dates Employed: From: _____ To: _____ Rate of Pay: Start:_____ Last: _____

State job titles and describe job duties: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: ☐ Yes ☐ No

Dates Employed: From: _____ To: _____ Rate of Pay: Start:_____ Last: _____

State job titles and describe job duties: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: ☐ Yes ☐ No

Dates Employed: From: _____ To: _____ Rate of Pay: Start:_____ Last: _____

State job titles and describe job duties: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: ☐ Yes ☐ No

Dates Employed: From: _____ To: _____ Rate of Pay: Start:_____ Last: _____

State job titles and describe job duties: _____

Reason for leaving: _____

Please explain any gaps in your employment history: _____

_____

Have you ever been discharged or forced to resign? ☐ **Yes** ☐ **No**

If yes, explain: _____

_____

Did you receive any discipline in your last 12 months of active employment with your previous employer?

☐ **Yes** ☐ **No** If yes, please explain: _____

_____

Were you given a performance evaluation within the last 12 months of active employment? ☐ **Yes** ☐ **No**

If yes, what was the range of scores used and what was your score? _____

_____

Have you signed any non-competition or non-solicitation agreement with any other employer that might restrict you from working for the Company (you may be required to furnish a copy of the agreement)?

☐ **Yes** ☐ **No**

If yes, please explain: _____

_____

REFERENCES (Please list three persons not related to you who know your qualifications.)

NAME	ADDRESS	PHONE	RELATIONSHIP

MILITARY (Complete only if you served in the military.)

Branch of Service: _____Number of Years /Months of Service: _____

Rank at Discharge; _____Date of Discharge:_____

Reason for Leaving: _____

Describe any military skills, training or experience you believe are relevant to the job you applied for: ___

_____

_____

_____

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein (including but not limited to the Criminal and Additional Driver Record Information Supplement and Commercial Motor Vehicle Driver Supplement if applicable) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

I consent to and authorize the Company and ADP TotalSource® to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company or ADP TotalSource (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE COMPANY OR ADP TOTALSOURCE WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTES AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY OR ADP TOTALSOURCE. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT WITH THE COMPANY MAY ONLY BE ALTERED WITH A WRITTEN AUTHORIZATION SIGNED BY THE CHIEF EXECUTIVE OFFICER OF THE COMPANY, AND THAT MY AT-WILL STATUS WITH ADP TOTALSOURCE MAY NOT BE ALTERED.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the Company and ADP TotalSource to release the results of background checks (if any) and my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other and to other ADP TotalSource clients for whom I have applied for employment, and release the Company, ADP TotalSource and its clients from any and all claims related to the lawful release of this information. I further authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

CALIFORNIA APPLICANTS ONLY: I understand the Company or ADP TotalSource may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to receive copies of public records obtained by the Company or ADP TotalSource. ☐

Signature: _____ Date: _____