

Thank you for your interest in employment with Pine Mountain Club Property Owner's Association, Inc.

Attached is an employment application.

Please take a moment and view our company website at pinemountainclub.org in order to understand our small private community.

Interviews for all positions are scheduled through the Human Resource Department with the appropriate department managers.

Please complete and return this application to the business office or email to <a href="htt@pmcpoa.com">htt@pmcpoa.com</a>.

You will be notified if an interview is requested.

All hiring is determined upon three things: (1) passing a drug test; (2) obtaining a background check; and (3) showing proof of your right to work in the United States.

Thank you,

Grace L. Wollemann

Assistant General Manager

Confidential Recording Secretary

HR On-Site Specialist



## PINE MOUNTAIN CLUB PROPERTY OWNERS' ASSOCIATION EMPLOYMENT APPLICATION

An Equal Opp	ortunity Employer		_
PLEASE PRINT	,	Date	
Last Name	First Name	Middle	
PRESENT ADDRESS			
No. & Street	City	State Zip	
MAILING ADDRESS (if different from pr	esent address)		
No. & Street	City	State Zip	_
		Email	
	-	Address:	
Home Phone	Cell Phone		_
EMPLOYMENT DESIRED			
Position applying for			
PERSONAL INFORMATION			
Have you ever applied to or worked for Pine	Mountain Club Property Owners' Asso	ciation before?	No
If yes, when?			_
Do you have any friend(s) or relative(s) work	ing for Pine Mountain Club Property C	owners' Association?Yes Yes	No
If yes, state name(s) and relationship:			
Name		Relationship	_
Name		Relationship	
Why are you applying for work at Pine Moun	tain Club Property Owners' Association	n?	
If hired, would you have a reliable means of t	ransportation to and from work?	Yes Yes	No
Are you at least 18 years old? (If under 18, h			No
If hired, can you present evidence of your U.S	6. citizenship or proof of your legal rigl		NT.
	Cd - 1 C - 1 : 1	<u> </u>	No
Are you able to perform the essential function accommodation?	is of the job for which you are applying		No
If no, describe the functions that cannot be pe	rformed?	165	140
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9			_

(NOTE: We comply with applicable laws regarding reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hiring may be subject to passing a medical examination, and/or skill and agility tests.)

			200	
School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School			Yes No	
	Name	_		
	Address			
	C'.	=		
College/	City	State Zip		
University			Yes No	
,	Name			
	Address		14	
		_	<b>→</b>	
	City	State Zip		
Vocational/				
Business	Name		Yes No	
	Name	٦		
	Address	_		
			_	
	City	State Zip	A1	
Do vou hove s	any other experience, training, qualific	pations or skills that you feel r	naka you aspacially suited for w	vork at Pine Mountair
-	Owners' Association?	•		Yes No
f so, please ex				
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## **EMPLOYMENT HISTORY**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

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Name of Emp	loyer				Te	lephone No.		
Type of Busin	ess		11-	Yo	ur Superv	isor's Name		
Address & Str	eet		City			State	Zip	
Dates of Empl	oyment:							
		From		То				
8								
Your Position	and Duties							
Reason for Le	aving							
May we conta	ct this employer for a re	ference						Yes No
					- r			
6						—		
Name of Empl	loyer				Те	lephone No.		
				] [_				
Type of Busin	ess			Yo	ur Superv	isor's Name		,
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Address & Str			City			State	Zip	
Dates of Empl	oyment:	Form		Т-				
		From		То				
Your Position	and Duties							
Tour Tosition	and Duties							
Reason for Lea	aving							
May we contac	ct this employer for a re	ference:						Yes No
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Name of Empl	oyer			-	Те	lephone No.		
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Type of Busine	ess			You	ur Superv	isor's Name		1
Address & Str			City			State	Zip	
Dates of Emplo	oyment:	From		To				
		riom		10				
Your Position	and Duties							
Tour Tourion	und Duties							
Reason for Lea	ving							
May we contac	et this employer for a re	ference:						Yes No
	th additional page(s) if							1

## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Address & Street  First Name  Last Name  City  State  Zip  No. of Years Acquainted  First Name  Last Name  Telephone No.  Address & Street  City  State  Zip  No. of Years Acquainted  Please Read Carefully, Initial Each Paragraph and Sign Below  I hereby certify that I have not knowlingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certifiant I, the undersigned applicant, have personally completed this application. I understand that any omission on misstatement of material fact on this application or on any document used to secure employment shall be groundered to rejection of this application or for immediate discharge if I am employed, regardless of the time elasped be discovery.  I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if bired, is intended to create an employment contract between me and Pine Mounta Club Property Owners' Association. In addition, I understand and agree that if I am employed, my employment "at will" and not for a definite or determinable period and may be terminated at any time, with or without cause, at the option of either myself or Pine Mountain Club Property Owners' Association and that no promises or representations contrary to the foregoing are binding on the company unle made in writing and signed by me and the Pine Mountain Club Property Owners' Association designated representative.	First Na	ame	Last Name	Telephone No	),
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