

NOTE: DRUG TESTING IS CONDITION OF EMPLOYMENT



LAKE KIOWA PROPERTY OWNER ASSOCIATION, INC  
107 KIOWA DRIVE SOUTH  
LAKE KIOWA, TX 76240  
(940) 665-1055

EMPLOYMENT APPLICATION  
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

|                                                                                                                                                                                                                                                                                                                                                                   |  |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|
| Please print in Ink. You must complete the entire application                                                                                                                                                                                                                                                                                                     |  | Date:                                                    |
| <b>Applicant Information:</b>                                                                                                                                                                                                                                                                                                                                     |  |                                                          |
| Name: (First, Middle, Last)                                                                                                                                                                                                                                                                                                                                       |  | Daytime Telephone<br>(     )                             |
| Address (street, city, state, zip code)                                                                                                                                                                                                                                                                                                                           |  | Evening Telephone<br>(     )                             |
| Are there other names under which you have worked or attended school?<br>If yes, please list for reference-checking purposes.                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work applying for and have obtained a valid work permit.                                                                                  |  | Date of Birth:                                           |
| Have you ever been <i>convicted</i> of a crime or pleaded "No Contest" for any offense or violation other than minor traffic violations?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain 1) nature of crime, 2) date of conviction and 3) state in which convicted. ( <i>Convictions are not an automatic bar to employment</i> ). |  |                                                          |
| Do you have any <i>pending</i> criminal charges against you?<br><input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain 1) nature of crime, 2) date of issued and 3) county and state where issued.                                                                                                                                           |  |                                                          |
| Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when:                                                                                                                                                                                                                                           |  |                                                          |
| Have you ever worked at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when:                                                                                                                                                                                                                                            |  |                                                          |
| <b>Position:</b>                                                                                                                                                                                                                                                                                                                                                  |  |                                                          |
| Position Applying For                                                                                                                                                                                                                                                                                                                                             |  | Part Time or Full Time Desired?                          |
| Shift Preference: (First, Second or Thrd?)                                                                                                                                                                                                                                                                                                                        |  | Salary Preference:                                       |
| When can you start?                                                                                                                                                                                                                                                                                                                                               |  |                                                          |
| How were you referred to the company?                                                                                                                                                                                                                                                                                                                             |  |                                                          |
| <b>Special Skills:</b>                                                                                                                                                                                                                                                                                                                                            |  |                                                          |
| If relevant, please describe any of the following (word processing speed, software knowledge, office equipment experience, manufacturing machines and manufacturing equipment experience).                                                                                                                                                                        |  |                                                          |

**Education:**

| School | Name & Location (City, State) | Number of Years Attended | Major Studies | Diploma or Degree Received |
|--------|-------------------------------|--------------------------|---------------|----------------------------|
|        |                               |                          |               |                            |
|        |                               |                          |               |                            |
|        |                               |                          |               |                            |
|        |                               |                          |               |                            |

**Training Courses:**

List any relevant training programs completed.

| Course/Seminar | Organization Sponsoring | Content | Date(s) Attended |
|----------------|-------------------------|---------|------------------|
|                |                         |         |                  |
|                |                         |         |                  |
|                |                         |         |                  |
|                |                         |         |                  |

**Required License(s):**

If required to drive a motor vehicle for the job applying for, state your:

Driver's License Number:

State where licenses is issued:

Are you licensed with any group, association or society relating to the job for which you are applying?

Registration or Licenses Number:

State where license is issued:

Expiration Date:

**Employment History (Start with most recent; use a separate sheet if necessary):**

|                                                                                                                |                               |                       |
|----------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|
| Name of Employer:                                                                                              |                               | Telephone<br>(      ) |
| Address:                                                                                                       |                               |                       |
| Job Title:                                                                                                     | Employment Dates (Month/Year) |                       |
| Name of Immediate Supervisor:                                                                                  | From:                         | To:                   |
| Description of Duties:                                                                                         |                               |                       |
| Salary: Starting                                                                                               | Salary: Ending                | Reason For Leaving    |
| If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |                       |

|                                                                                                                |                               |                       |
|----------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|
| Name of Employer:                                                                                              |                               | Telephone<br>(      ) |
| Address:                                                                                                       |                               |                       |
| Job Title:                                                                                                     | Employment Dates (Month/Year) |                       |
| Name of Immediate Supervisor:                                                                                  | From:                         | To:                   |
| Description of Duties:                                                                                         |                               |                       |
| Salary: Starting                                                                                               | Salary: Ending                | Reason For Leaving    |
| If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |                       |

|                                                                                                                |                               |                       |
|----------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|
| Name of Employer:                                                                                              |                               | Telephone<br>(      ) |
| Address:                                                                                                       |                               |                       |
| Job Title:                                                                                                     | Employment Dates (Month/Year) |                       |
| Name of Immediate Supervisor:                                                                                  | From:                         | To:                   |
| Description of Duties:                                                                                         |                               |                       |
| Salary: Starting                                                                                               | Salary: Ending                | Reason For Leaving    |
| If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |                       |

|                                                                                                                |                               |                       |
|----------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|
| Name of Employer:                                                                                              |                               | Telephone<br>(      ) |
| Address:                                                                                                       |                               |                       |
| Job Title:                                                                                                     | Employment Dates (Month/Year) |                       |
| Name of Immediate Supervisor:                                                                                  | From:                         | To:                   |
| Description of Duties:                                                                                         |                               |                       |
| Salary: Starting                                                                                               | Salary: Ending                | Reason For Leaving    |
| If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No |                               |                       |

**Employment References:**

List individuals familiar with your job qualifications (no relatives or personal friends).

|               |                              |
|---------------|------------------------------|
| Name:         | Day Telephone: (    )        |
|               | Evening Telephone:    (    ) |
| Address:      |                              |
| Relationship: | How long known?              |
| Name:         | Day Telephone: (    )        |
|               | Evening Telephone:    (    ) |
| Address:      |                              |
| Relationship: | How long known?              |
| Name:         | Day Telephone: (    )        |
|               | Evening Telephone:    (    ) |
| Address:      |                              |
| Relationship: | How long known?              |

**Please Read Carefully Before Signing This Form**

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed at the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's unless specifically provided otherwise in a written employment contract. I further understand that no company or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed written document.

|                      |       |
|----------------------|-------|
| Signed by Applicant: | Date: |
|----------------------|-------|

Thank You For Your Interest

**Lake Kiowa**  
Property Owners Association

I, \_\_\_\_\_, a prospective employee of Lake Kiowa, specifically  
\_\_\_\_\_ (list the area of hire, e.g. Lake Kiowa Lodge, Security, etc.), hereby acknowledge  
the following:

- \* that I have been notified at the time of hire that I would be required to take a drug test;
- \* that if I refuse to take a drug test, it will be considered misconduct for which I can be appropriately terminated;
- \* that a policy prohibiting a positive drug test result is in place at Lake Kiowa and I have received and acknowledged it;
- \* that going to work after being informed of a drug testing policy constitutes acceptance of the policy;
- \*that I consent to the drug testing under that policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled **DISCLOSURE REGARDING BACKGROUND INVESTIGATION** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by \_\_\_\_\_ ("Employer") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 1-888-670-9564; www.VerifiedFirst.com** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**New York City applicants only:** You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.

## PLEASE COMPLETE ALL FIELDS BELOW

|                                            |                                       |                                                                                        |
|--------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------|
| <b>Last Name</b>                           | <b>First Name</b>                     | <b>Middle Name</b> <small>check box if no middle name</small> <input type="checkbox"/> |
| <b>Social Security Number*</b> ###-##-#### | <b>Date of Birth*</b> month/date/year | <b>Email Address</b> <small>required</small>                                           |
| <b>Driver's License Number</b>             | <b>Issuing State*</b>                 | <b>Former Names/Aliases</b> <small>separate aliases with comma</small>                 |
| <b>CURRENT ADDRESS</b>                     |                                       | <b>FORMER EMPLOYER</b>                                                                 |
| <b>Street</b>                              | <b>Apt/Unit</b>                       | <b>Company</b>                                                                         |
| <b>City</b>                                | <b>State</b>                          | <b>City, State</b>                                                                     |
| <b>Zip</b>                                 | <b>Position</b>                       | <b>Dates of Employment</b>                                                             |

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

**Applicant Signature**

**Date**



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**DISCLOSURE REGARDING "INVESTIGATIVE CONSUMER REPORT"**  
**BACKGROUND INVESTIGATION**

Lake Kiowa Property Owners Assn., ("the Company"), to which you have applied for employment, may request an investigative consumer report about you from a third party consumer reporting agency, in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews). The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics or mode of living. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

You have the right , upon written request made within a reasonable time, to request (1) whether an investigative consumer report has been obtained about you, (2) disclosures of the nature and scope of any investigative consumer report and (3) a copy of your report. These reports will be conducted by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; [www.verifiedfirst.com](http://www.verifiedfirst.com)**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of investigative consumer reports throughout the course of your employment to the extent permitted by law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Lake Kiowa Property Owners Assn., ("the company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run against you and to request a copy of your report. These searches will be conducted by **Verified First, 1550 South Tech Lane, Suite 200, Meridian, Idaho 83642; Tel. # 888.670.9564; [www.verifiedfirst.com](http://www.verifiedfirst.com)**. The scope of this disclosure allows the Company to obtain consumer reports now and throughout the course of your employment for an employment purpose to the extent permitted by law.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_