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PASO ROBLES, CA 93446  
[www.hroa.us](http://www.hroa.us)

## APPLICATION FOR EMPLOYMENT

*Heritage Ranch Owners Association is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of that person's race, color, creed, ancestry, religion, age, disability, medical condition, sex, sexual orientation, transgender, marital status, national origin, citizenship, based on genetic information or any other class protected by state or federal law and will treat all such employees or applicants equally as required by federal, state, and local law.*

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

MI

\_\_\_\_\_

Date

## Application for Employment

PLEASE TYPE OR PRINT IN INK; TAB TO MOVE TO NEXT SPACE

PERSONAL INFORMATION				
Name (Last, First, MI)			How did you hear about this job opening?	
Home Address				
City	County		State	Zip Code
Mobile Phone	Home Phone	Email Address (used for job correspondence)		Willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position applying for:				Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check the following options you would consider: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			If part time, specify hours or days available.	
Do you have any commitments to another employer that might affect your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, explain:				Date available for work.
EDUCATION AND TRAINING				
	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No
List any other job-related education, training, skills or certifications/licenses you possess (include licensing authority/number, and expiration date).				
List any job-related software programs that you have skills in.				
List all languages that you speak or read/write fluently:			If hired, would you have a reliable means of transportation to/from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are applying for a position that involves driving a motor vehicle in the course and scope of the employment duties, are you able to present a valid driver's license in this state?				<input type="checkbox"/> Yes <input type="checkbox"/> No
GENERAL INFORMATION				
Can you, after employment, submit verification of your legal right to work in the United States?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, can you furnish a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied to or worked for the Association before? If yes, when?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions of the job you are applying for, either with or without reasonable accommodation? If no, please describe the functions that cannot be performed. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
List name and relationship of any relatives working for Heritage Ranch Owners Association.				

**EMPLOYMENT HISTORY:** List all work experience beginning with the present or most recent job.

MOST RECENT JOB HELD	Name of Employer		Type of Business		
	Address		City	State	Zip Code
	Dates Employed From (month/year) – To (month/year)			Job Title	
	Name and Title of Supervisor			Phone Number	
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Brief Description of Duties		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Reason for Leaving				
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State	Zip Code
	Dates Employed From (month/year) – To (month/year)			Job Title	
	Name and Title of Supervisor			Phone Number	
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Brief Description of Duties		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Reason for Leaving				
PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State	Zip Code
	Dates Employed From (month/year) – To (month/year)			Job Title	
	Name and Title of Supervisor			Phone Number	
	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Brief Description of Duties		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
	Reason for Leaving				

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

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**PROFESSIONAL REFERENCES:** List three persons, not related to you, who have knowledge of your work performance within the last five years.

	NAME	OCCUPATION	YEARS ACQUAINTED	PHONE NUMBER
1				
2				
3				

**AGREEMENT (Please read the following statements carefully and initial each.)**

\_\_\_\_\_ I hereby certify that I have not knowingly 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 certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I authorize all persons listed above (and on the accompanying resume, if any) to provide Heritage Ranch Owners Association with all information concerning my previous employment, education and any other pertinent information related to my suitability for employment unless otherwise specified above. I further authorize the references I have listed to disclose to Heritage Ranch Owners Association any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I hereby release Heritage Ranch Owners Association, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, damages or liabilities arising out of or in any way related to such investigation or disclosure to Heritage Ranch Owners Association.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between me and Heritage Ranch Owners Association. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Heritage Ranch Owners Association, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and Heritage Ranch Owners Association's designated representative.

\_\_\_\_\_ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

\_\_\_\_\_ I understand that if I receive an offer of employment from Heritage Ranch Owners Association, and accept the offer, that the offer will be contingent on the successful completion of a pre-employment drug screen.

**SIGN AND DATE YOUR APPLICATION**

Signature

Print Full Name:

Date Signed:

Optional Areas: Only complete if you're applying for a position that requires driving.

Section 1: Motor Vehicle Record	
Driver's License No.	State of Issue
Have you received any traffic citations in the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been involved in any accidents in the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your driver's license been suspended or revoked in the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above questions, please explain:	

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date