



Hilton Head Plantation
 Property Owners' Association, Inc.
 P.O. Box 21940
 7 Surrey Lane
 Hilton Head Island, SC 29925
 Tel: 843/681-8800
 Fax: 843/681-8801

Employment Application

Date: _____

| | |
|--|--|
| Name (Last, First, Middle Initial) | |
| Social Security # | |
| Current Address | |
| Current City, State, Zip Code | |
| Current Telephone Number | |
| Email Address | |
| Permanent Address | |
| Permanent City, State, Zip Code | |
| Permanent Telephone Number | |
| Are you 18 years or older? | YES_____ NO_____ |
| Special Questions Do not answer ANY of these question unless HHPPOA has checked the box preceding the question, indicating that the information is required for a bona fide occupational qualification, or dictated by National Security Laws, or is needed for other legally permissible reasons. | <input type="checkbox"/> Height: _____ ft _____ inches <input type="checkbox"/> Weight: _____ lbs <input type="checkbox"/> What Foreign Languages do you speak and/or read fluently? _____ <input type="checkbox"/> Date of Birth* Mo _____ Day _____ Year _____ <input type="checkbox"/> Have you been convicted of a felony or misdemeanor within the last five (5) years? ** YES_____ NO_____ If YES, describe: _____ |
| Employment Desired | Position _____ Salary Desired _____ Former/Current Employer _____ May HHPPOA contact your former/current employer? YES_____ NO_____ Date you can start _____ |
| Education | High School _____ # of Years* _____ Graduated? YES__ NO__ College _____ # of Years* _____ Graduated? YES__ NO__ Other Related Experience _____ _____ |

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.
 ** You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

| | |
|---|---|
| Former Employers (Most recent first) | 1- Employer Name & Address _____ Position _____ Salary _____ From: Mo____ Yr____ To: Mo____ Yr____ Reason for Leaving _____ |
| | 2- Employer Name & Address _____ Position _____ Salary _____ From: Mo____ Yr____ To: Mo____ Yr____ Reason for Leaving _____ |
| | 3- Employer Name & Address _____ Position _____ Salary _____ From: Mo____ Yr____ To: Mo____ Yr____ Reason for Leaving _____ |
| | 4- Employer Name & Address _____ Position _____ Salary _____ From: Mo____ Yr____ To: Mo____ Yr____ Reason for Leaving _____ |
| References | 1-Name & Address _____ Business/Relationship _____ Years Acquainted _____ |
| | 2-Name & Address _____ Business/Relationship _____ Years Acquainted _____ |
| | 3-Name & Address _____ Business/Relationship _____ Years Acquainted _____ |
| Physical Record | Do you have any physical limitations that preclude you from performing any work for which you are being considered? YES_____ NO_____ If YES, describe: _____ |
| | In case of emergency, notify (Name, Address, Telephone Number) _____ |

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give your any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Applicant's Signature

Date of Application

For HHPPOA use ONLY

| | |
|---|--------------------|
| Interviewed by: | Date: |
| | |
| Hired: YES NO | Position: |
| Salary/Wage: | Department: |
| Date reporting to work: | |
| Approved by Department Head: (signature) | |
| Approved by General Manager: (signature) | |