

# turtle cove



Turtle Cove Property Owners Association  
 222 Clubhouse Drive - Monticello GA 31064  
 706.468.8805

## Employment Application

PERSONAL DATA		
LAST NAME	FIRST	MIDDLE
STREET ADDRESS		
CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	TELEPHONE WORK: (     ) _____	HOME: (     ) _____
Position Applying For: _____	Have you ever been employed by Turtle Cove before?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in this country? (Proof of U.S. citizenship or immigration status will be required prior to employment)  <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Application: ____/____/____ Month          Day          Year	If yes, give separation date: ____/____/____	
Are you 18 years of Age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any relatives who are currently employed by Turtle Cove?  <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used any other name(s) in your lifetime?  <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please list all names: _____ _____
Date Available for work: ____/____/____ Month          Day          Year	If yes, please identify: _____ _____	
Have you been convicted of a felony in the last seven (7) years?  <input type="checkbox"/> Yes <input type="checkbox"/> No  (Such conviction may be relevant if job related, but does not bar you from consideration for employment.)	If yes, Please explain: _____ _____ _____ _____	

TURTLE COVE IS AN EQUAL OPPORTUNITY EMPLOYER

Turtle Cove is an equal opportunity employer and does not discriminate against applicants for employment because of their race, color, religion, sex, national origin, age, handicap, political affiliation, or any other basis.

## EDUCATIONAL BACKGROUND

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary	_____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____							
	_____							
High	_____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____							
	_____							
College	_____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____							
	_____							
Graduate	_____						<input type="checkbox"/> Yes <input type="checkbox"/> No	
	_____							
	_____							

Describe all special training in addition to formal education:

Name of Course or Program	Name and Location of School or Agency	Dates Attended	Certificate or Degree

## MILITARY SERVICE

In what branch of the U.S. Armed Service did you serve?

\_\_\_\_\_

Dates of duty: from \_\_\_\_\_ to \_\_\_\_\_

What education or training did you receive in the military?

\_\_\_\_\_

Active/Reserve Status?       Yes       No

## EMPLOYMENT RECORD

List below the last four (4) jobs you held. Begin with your most recent job. Resumes may be attached, but are not acceptable as a substitute for a completed application.

<b>1</b>	Name of Employer		Address		
	Employed From	To	Name of Immediate Supervisor		
	Position You Held or Title		Starting Salary	Ending Salary	
	Type of Work/Major Responsibilities				
	Major Responsibilities				
	Reason for Leaving				
<b>2</b>	Name of Employer		Address		
	Employed From	To	Name of Immediate Supervisor		
	Position You Held or Title		Starting Salary	Ending Salary	
	Type of Work/Major Responsibilities				
	Major Responsibilities				
	Reason for Leaving				
<b>3</b>	Name of Employer		Address		
	Employed From	To	Name of Immediate Supervisor		
	Position You Held or Title		Starting Salary	Ending Salary	
	Type of Work/Major Responsibilities				
	Major Responsibilities				
	Reason for Leaving				
<b>4</b>	Name of Employer		Address		
	Employed From	To	Name of Immediate Supervisor		
	Position You Held or Title		Starting Salary	Ending Salary	
	Type of Work/Major Responsibilities				
	Major Responsibilities				
	Reason for Leaving				

I hereby give permission to contact the above concerning my work experience:

Signed \_\_\_\_\_

## ADDITIONAL INFORMATION

Use the space below for any additional information concerning your application, including any volunteer work or other experience you believe should be considered:

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## PERSONAL REFERENCES

Please list three persons who are not related to you and are not previous employers:

NAME	ADDRESS	YEARS KNOWN	OCCUPATION	PHONE

## CERTIFICATION

I hereby certify that the answers which I have given to the foregoing questions are full and true to the best of my knowledge and belief. I understand that any false information, omission, or misrepresentation of facts called for in my application for employment or any supplements thereto is cause for rejection of my application, or dismissal from employment with TURTLE COVE. I hereby understand and agree that, as a condition of my employment, I will serve a probationary and/or training period, and, at the completion of that period, I will become only a regular employee without any guarantee of permanence. I also understand and agree that my job here will be for an indefinite period of time, that I am an at-will employee with the right to resign at any time upon giving my employer advance notice of my intention to resign. I also agree and understand that no representative of TURTLE COVE has the authority to make any assurances to the contrary. I also agree that I will forfeit up to a maximum of fourteen (14) days of entitlement to vacation pay and that I may not be in good standing or eligible for reinstatement if I resign without first giving my employer at least two (2) weeks notice, in advance, of my intended date of resignation.

I give TURTLE COVE permission to investigate all references and to secure additional information about me including a criminal background check as well as a motor vehicle record, if job related. I release from liability TURTLE COVE and its representatives for seeking such information and all persons, corporations or organizations for furnishing such information.

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Signature of Applicant

Date

## NOTICE

Before any offer of employment is finalized, the applicant will be required to submit to and pass a pre-employment test for alcohol, drugs and controlled substances and any psychological or physical examinations required by TURTLE COVE and selected by TURTLE COVE at the expense of TURTLE COVE.

## VOLUNTARY AFFIRMATIVE ACTION INFORMATION

*(Completion of the Information Below is Voluntary)*

We consider applicants for all positions without regard to race, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Position applied for: \_\_\_\_\_

Referral Source:

- |  |   |
|--|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> School                       |
| <input type="checkbox"/> Employee      | <input type="checkbox"/> Government Employment Agency |
| <input type="checkbox"/> Relative      | <input type="checkbox"/> Private Employment Agency    |
| <input type="checkbox"/> Walk-In       | <input type="checkbox"/> Other _____                  |

Name of Source (if applicable) \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record-keeping, reporting and other legal obligations, we ask that you complete the application data survey. Your responses are confidential. Your cooperation is appreciated.

Please be advised that your responses to the survey are not part of your applications, and your responses will not be considered in evaluating your suitability for the position applied for.

<b>GENDER:</b>  <input type="checkbox"/> Male  <input type="checkbox"/> Female	<b>CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUPS:</b>  <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	<b>CHECK ANY OF THE FOLLOWING THAT IS APPLICABLE:</b>  <input type="checkbox"/> Vietnam Era Disabled <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
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