## EMPLOYMENT APPLICATION

Please complete the entire application.

1.	Employer Inf	ormation				
Employ Addres City/St Telepho	ss: ate/ZIP:	Sun Valley Iowa L 3186 Big Bend Ro Ellston, Iowa 5157 (641) 772-4372	ad	sociation		
air appr	realits affu effij	Valley Iowa Lake A ployees without rega nal origin, age, disab	ard to a	ny legally nro	tected status of	syment opportunities to such as race, color,
2.	Applicant Info	ormation				
Home A						
Daytime Mobile 1	phone:	s address:		Evening pho	ne:	
Driver's	License (State	er: :/Number):			_	
3.	Emergency Co					
Contact	Name: ship to you:	ed if you are involv				
City/Stat	e/ZIP:					_
Daytime	phone:			Evening phon	e:	
4. J	ob Position A	oplied For:				
5. S	alary Desired:	\$	_ per _		_	
6. A	re you at leas	t 18 years old?			Yes	No

7.	How will you get to work?						
8	Are you willing to work any shift, including nights and weekends? Yes N If no, please state any limitations:						
9,.	If you are offered employment, when would you be available to begin work?						
10.	If hired, are you able to submit proof that you are legally eligible for employment in the United States? Yes No						
11.	Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? Yes No						
	What reasonable accommodation, if any, would you request?						
12.	Applicant Employment History						
Emplo Superv Addres City/St Job Du Reason	tate/ZIP:						
Superv Addres City/Sta Job Dur Reason	ate/ZIP:						
Employ	ver Name:						

Address:						
City/State/ZIP:						
Job Duties:						
Reason for Leaving:	2					
Dates of Employment (Month/Year):						
13. Applicant's E	Education and	Training				
College/University N	Vame and Add	dress				
Did you receive a de	gree?	Yes	No	If yes, degree(s) received:		
High School/GED N	ame and Ado	dress				
Did you receive a de	gree?	Yes	No			
Other Training (grad	uate, technica	l, vocational)	ï			
Please indicate any c	urrent profess	sional license	s or certific	cations that you hold:		
Awards, Honors, Spo	ecial Achieve	ements:				
Military Service:Yes	No					
Branch:						
Specialized Training:						
14. References						
List any two non-rela	atives who wo	ould be willin	ıg to provi	de a reference for you.		
Name:						
Address:				<del>-</del>		
City/State/ZIP:						
Telephone:						
Relationship:						

y.

Name	
Addre	SS:
City/S	tate/ZIP:
Telepl	none:
Relation	onship:
15.	Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

one green in the second

## CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Sun Valley Iowa Lake Association to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its SVILA Board of Directors, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Sun Valley Iowa Lake Association, except in a specific written contract of employment signed on behalf of the organization by its SVILA Board of Directors, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Print Name and Sign	DATE