



800 CHIMNEY HILL PKWY VIRGINIA BEACH, VA 23462  
 O: (757) 463-3805 F: (757) 463-5266  
[WWW.CHIMNEY-HILL.NET](http://WWW.CHIMNEY-HILL.NET)

**Mission Statement:** To provide every resident in Chimney Hill with a clean, enjoyable, and desirable place to live.  
**Vision:** To protect and positively influence property values.

## Employment Application

### Personal Information

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Last Name First Name Middle Name

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Address City State Zip Code

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Cell Phone E-mail address

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Previous Address (if at current address less than 5 years)

If you are not a citizen of the United States, are you eligible to work in the U.S. and would you be able to provide the necessary documents of proof of the legal right to work upon hire?    Yes    No

Social Security Number \_\_\_\_\_

Are you over 18?    Yes    No

Driver's License Number/State \_\_\_\_\_

Own transportation?    Yes    No

Do you have your Lifeguard Certification?    Yes    No

Do you have your CPR Certification?    Yes    No

### Education and Training

Indicate last level completed     High School     College or University     Graduate School

Name of School	City, State	Major	Degree	Year of Degree



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**Employment History** *Please list most recent employer first*

<b>Company Name</b>	<b>Address, City, St, Zip</b>	<b>Phone</b>
Supervisor's Name, Title	Email Address	Direct Phone
Dates of Employment (Month/Year)	Reason for Leaving:	
Start _____ End _____		

May we contact this employer? Yes    No

List Job Duties:

<b>Company Name</b>	<b>Address, City, St, Zip</b>	<b>Phone</b>
Supervisor's Name, Title	Email Address	Direct Phone
Dates of Employment (Month/Year)	Reason for Leaving	
Start _____ End _____		

May we contact this employer? Yes    No

List Job Duties:



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Company Name	Address, City, St, Zip	Phone
Supervisor's Name, Title	Email Address	Direct Phone
Dates of Employment (Month/Year)	Reason for Leaving	
Start _____		
End _____		

May we contact this employer? Yes    No

List Job Duties:

**What days and hours are you available to work?**

- Mondays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)
- Tuesdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)
- Wednesdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)
- Thursdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)
- Fridays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)
- Saturdays from \_\_\_\_\_ am / pm (circle one) to \_\_\_\_\_ am / pm (circle one)

**\*\*NOTE:**

**Pool hours are noon – 8pm daily. We have 3 CHCA Sponsored pool parties a year where the pool will remain open until 9pm. There could also be pool rentals: Hours are from 8:00pm – 11:00pm.**



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**Reference Data**

Please list at least one present or former Manager/Supervisor

Name	Email address	Phone	Business/Relationship

**APPLICANT CRIMINAL RECORD INFORMATION**

(check one; print clearly)

**I HAVE BEEN** convicted of, or under pending charge(s) or indictment(s) for the following crimes either within or outside the Commonwealth of Virginia. List all charges; use an additional form if necessary.

1) Charge	Date	Jurisdiction (county & state)	Disposition
<input type="checkbox"/> Felony or <input type="checkbox"/> Misdemeanor			
2) Charge	Date	Jurisdiction (county & state)	Disposition
<input type="checkbox"/> Felony or <input type="checkbox"/> Misdemeanor			

**I HAVE NOT BEEN** convicted of, or under pending charge(s) or indictment(s) for any crimes either within or outside the Commonwealth of Virginia.

**Read carefully and sign**

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references listed above to give you all pertinent information concerning my previous employment. I give permission to CHCA to conduct an employment and criminal background check for the final phase of the hiring process. I also release all parties from all liability for any damage that may result from furnishing it to CHCA. In consideration of my employment, I agree to conform to the rules and regulations of CHCA. I also understand that I may withhold my permission and that in such a case, no investigation will be carried out, and my application for employment will not be processed further. I understand that CHCA is not obligated to provide employment and that I am not obligated to accept employment. Nothing in this application, or in any prior or subsequent oral or written statement, is intended to create any contract of employment or to create any rights in the nature of a contract of employment either express or implied. This application does not bind either party for a specific period of time regarding employment.



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If hired, an employee's first ninety (90) days of employment are on a trial basis and are considered a continuation of the employment selection process. The ninety (90) day probationary period provides CHCA an opportunity to observe and evaluate the capacity of the employee, which includes the employee's ability to satisfactorily perform the essential functions of his or her job; and to observe and evaluate the employee's work habits and conduct, including attendance and the employee's relationship with coworkers. During this probationary period, CHCA may terminate employment, with or without cause and with or without notice. Likewise, the employee may also terminate his or her employment with CHCA at any time, with or without notice and with or without cause. This 90-day probationary period is not a term of employment and is not intended, nor does it, impact the at will nature of the relationship between CHCA and the employee.

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**Print**

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**Signature**

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**Date**