

HENDRICKS CREEK RESORT EMPLOYMENT APPLICATION

(Please print all information except signature!)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of this company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made.

PERSONAL INFORMATION

Name		
Last	First	Middle
Address		
Street		
City	State	Zip
I have lived at this address since:		Month / Year
Phone Numbers		
Home	Cell	Work
In case of emergency notify:		
Name:		Relationship
Address		Phone Numbers

Please answer the following questions:

Date of Birth (optional until hire)	Social Security Number
Are you at least 16 years of age and legally eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you work over-time when necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give date and reason for convictions	
Position applying for:	
Date you can start work	
Desired hourly salary	
Do you prefer	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Can you work	<input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Holidays

EDUCATION

High School Attended	City, County, State	Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No
College Attended	City, County, State	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No
Trade or Business School	City, County, State	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No

OVER

REFERENCES

Please list three individuals NOT related to you, whom you have known for at least one year.

Name	Address & Telephone	Relationship	Years Acquainted

EMPLOYMENT HISTORY

May we contact your past or present employers? Yes No

Most Recent Employer		City, State, Zip	Telephone	
Position Held	Dates Employed (To-From)	Pay Rate	Supervisor	
Job Duties		Reason For Leaving		
Employer		City, State, Zip	Telephone	
Position Held	Dates Employed (To-From)	Pay Rate	Supervisor	
Job Duties		Reason For Leaving		
Employer		City, State, Zip	Telephone	
Position Held	Dates Employed (To-From)	Pay Rate	Supervisor	
Job Duties		Reason For Leaving		
Employer		City, State, Zip	Telephone	
Position Held	Dates Employed (To-From)	Pay Rate	Supervisor	
Job Duties		Reason For Leaving		

Please list any skills you may have that would make you an asset to our company, (I.E.: computer skills, mechanical skills, etc.)

Please answer all of the following questions if the position you are applying for requires driving a motor vehicle:

1. Do you have a valid driver's license? Yes No
 If yes, Driver's License Number _____ State of Issue _____ Expiration Date: _____
2. Have you been convicted of or plead guilty to any traffic related offenses in the past 5 years? Yes No

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability which might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts on this application (or any required documents) may result in denial of employment or immediate termination of employment, regardless of when and how discovered.
3. In consideration of my employment, I agree to adhere to all existing and future instructions, rules and policies.

I have read and reviewed the information provided in this application and the above statements. By signing this application I certify that I understand all parts of it and have answered all questions completely and fully.

Signature _____

Date _____