

# ALLENBERRY RESORT

Employment Application



## APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.				Desired Salary		
Position(s) applying for:										
Days/Hours Available										
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Do you have a valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, state issued, # and expiration date							
Do you have reliable transportation to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
Do you have any traffic violations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							

## EDUCATION

High School				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					

## REFERENCES

*Please list three professional references.*

Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						

Address	
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**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>			

**EMERGENCY CONTACT**

Name	Relation	Phone
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**OTHER INFORMATION**

*Please list any other information you would like for us to consider.*

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I will be required to attest to my identity and employment eligibility, and present confirming documents.

I agree to submit a medical examination and/or drug test prior to starting work or in the event of an injury while at work. I also agree to a drug test at any time deemed appropriate by the Company and as permitted by law. If hired, a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I authorize the Company to contact, obtain and verify information from any and all references, former employers, public agencies, licensing authorities and educational institutions. I further authorize the Company to conduct a background check on my personal credit history.

I understand that false or misleading information in my application or interview may result in my release if hired by the Company.

Signature	Date
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