

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 misdemeanor or 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							

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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