

# Application For Employment

An Equal Opportunity Employer

'Eagle Ridge Resort

We do not discriminate on the bases of race, color, religion, national origin, sex, sexual orientation, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be answered fully and accurately. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary

When could you start work? \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Present Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you 18 years of age or older? Yes  No  (If you are hired you may be required to submit proof of age.)

Social Security Number \_\_\_\_\_ E-mail \_\_\_\_\_

(If hired, can you furnish proof you are eligible to work in the U.S.? Yes  No

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of or pleaded guilty to any law violation (except speeding or parking violations)? Yes  No

If yes, give details \_\_\_\_\_

Are you now or do you expect to be engaged in any other business or employment? Yes  No

If yes, please explain \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? Yes  No

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? Yes  No

\_\_\_\_\_

If yes, give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

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Number of Years Completed      Diploma/ Degree/ Certificate      Studied  
**LIST NAME AND ADDRESS OF SCHOOLS**

High School or GED:

College or University:

Vocational or Technical:

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self employed give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

NAME OF EMPLOYER

ADDRESS

CITY, STATE, ZIP CODE

SUPERVISOR

TELEPHONE

JOB TITLES AND DUTIES

DATE OF EMPLOYMENT:

FROM \_\_\_\_\_ TO \_\_\_\_\_

PAY: START \$ \_\_\_\_\_ FINAL \$ \_\_\_\_\_

REASON FOR LEAVING

NAME OF EMPLOYER

ADDRESS

CITY, STATE, ZIP CODE

SUPERVISOR

TELEPHONE

JOB TITLES AND DUTIES

DATE OF EMPLOYMENT:

FROM \_\_\_\_\_ TO \_\_\_\_\_

PAY: START \$ \_\_\_\_\_ FINAL \$ \_\_\_\_\_

REASON FOR LEAVING

NAME OF EMPLOYER

ADDRESS

CITY, STATE, ZIP CODE

SUPERVISOR

TELEPHONE

JOB TITLES AND DUTIES

DATE OF EMPLOYMENT:

FROM \_\_\_\_\_ TO \_\_\_\_\_

PAY: START \$ \_\_\_\_\_ FINAL \$ \_\_\_\_\_

REASON FOR LEAVING

NAME OF EMPLOYER

ADDRESS

CITY, STATE, ZIP CODE

SUPERVISOR

TELEPHONE

JOB TITLES AND DUTIES

DATE OF EMPLOYMENT:

FROM \_\_\_\_\_ TO \_\_\_\_\_

PAY: START \$ \_\_\_\_\_ FINAL \$ \_\_\_\_\_

REASON FOR LEAVING

Have you worked under any other name? Yes \_\_\_\_ No \_\_\_\_

If yes, give names:

Are you presently employed? Yes \_\_\_\_ No \_\_\_\_

If yes, may we contact your present employer? Yes \_\_\_\_ No \_\_\_\_

Have you ever been fired from a job or asked to resign? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

Give three references, not relatives or former employers.

**Name**  
**Phone**

**Address**

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand I may be required to successfully pass a drug-screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of being hired or of my continued employment, if required.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature      Date: