



Beaver Village Resort

Application for Employment

Equal Opportunity Employer

PLEASE PRINT except for signature (on last page). Please answer all questions fully & accurately. No action can be taken until the application has been completed. Should you require more room to answer questions, feel to use blank paper & attach to application.

Date: _____

Position Applied For: _____

Date You Can Start: _____

Salary Desired: _____

Type of Employment You Are Seeking:

Full-Time Seasonal _____

Part-Time Seasonal _____

Full-Time Year Round _____

Part-Time Year Round _____

Nights _____

Days _____

If hired, are there any days or hours you cannot work? _____

If hired, will you require on-site housing? _____

Personal Information

Are you a U.S. Citizen? Y / N Can you furnish proof you are eligible to work in the US? Y / N

Social Security Number

Are You Age 18 or Older?

Last Name

First Name

Middle Initial

Telephone Number

Present Street Address

City

State

Zip

Mailing Address

City

State

Zip

Valid Driver's License Number

Additional Phone Numbers

Do You have a medical condition that would restrict you from any type of work? If yes, please explain.

Have you ever been convicted of any law violation (except minor traffic violations?): _____

If yes, please provide details: _____

Have you ever applied to this company before? If yes, please provide date(s) of application & interview:

Education History

	Name And Address of School	No. of Yrs. Completed	Diploma/Degree/Certificate Obtained
High School or GED:			
College or University:			
Major:			
Vocational or Technical:			
Subjects Studied:			

Employment History

List names of employers in chronological order with present or last employer first. Account for all lapses in time including unemployment. PLEASE DETAIL TERMS OF EMPLOYMENT WITH MONTH AND YEAR.

Employer: _____	Supervisor: _____
Address: _____	From: Mo./Yr. / To: Mo./Yr. /
City: _____	Pay: Start \$ End \$
State, ZIP: _____	Reason for leaving: _____
Telephone: _____	
Title: _____	
Duties: _____	
Employer: _____	Supervisor: _____
Address: _____	From: Mo./Yr. / To: Mo./Yr. /
City: _____	Pay: Start \$ End \$
State, ZIP: _____	Reason for leaving: _____
Telephone: _____	
Title: _____	
Duties: _____	

Employment History	
Employer: _____	Supervisor: _____
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City: _____	Pay: _____ Pay: _____ Start \$ End \$
State, ZIP: _____	Reason for leaving: _____
Telephone: _____	
Title: _____	
Duties: _____	

References		
Provide three references (not relatives nor former employers)		
Name	Address/Phone	Years Known
1)		
2)		
3)		

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge & understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment as well as any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless in writing and signed by an authorized company representative.

This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE: _____

SIGNATURE: _____

INTERVIEWED BY: _____

DATE: _____