



OFFICE USE ONLY:
Previous Employee Yes No
Eligibility \_\_\_\_\_

RECREATIONAL RESORTS, LTD.

APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire)

(Equal Opportunity Employer)

PERSONAL INFORMATION

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal Name \_\_\_\_\_
LAST FIRST MIDDLE INITIAL

Present Address \_\_\_\_\_
STREET CITY STATE ZIP CODE

Permanent Address \_\_\_\_\_
(if different from present address) STREET CITY STATE ZIP CODE

Phone \_\_\_\_\_ E-mail \_\_\_\_\_
Are you 18 years or older? Yes No
Are you 21 years or older? Yes No

EMPLOYMENT DESIRED

Position(s) Desired \_\_\_\_\_ Full-time Part-time Seasonal

Shift(s) you will accept:
Day Evening Night Weekdays Weekends Rotating Holidays Other (specify) \_\_\_\_\_

Date you can start \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary Desired \$\_\_\_\_\_ hour / year

GENERAL

Are you employed now? Yes No If so, may we inquire of your present employer(s)? Yes No

Have you applied with this company before? Yes No When? \_\_\_\_\_ Position? \_\_\_\_\_

If so, were you hired? Yes No When? \_\_\_\_\_ Department Worked For \_\_\_\_\_

Have you ever applied or worked for this company under another name? Yes No Name? \_\_\_\_\_

How did you hear about employment opportunities with Great Eastern Resorts?
Newspaper Rehire Walk-In Website Transfer Other Referral \_\_\_\_\_

Summarize any skills, training, seminars, workshops, licenses and/or certifications: \_\_\_\_\_

U.S. Military or Naval service? Yes No If yes, RANK \_\_\_\_\_

Present membership in National Guard or Reserves? Yes No

SPECIAL QUESTIONS:

• For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible to work in the United States? Yes No

• Have you been convicted of a felony or misdemeanor? Yes No
(You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.)

If Yes, describe: \_\_\_\_\_

• Do you have anything scheduled such as vacation, court dates, appointments, special events, etc.? \_\_\_\_\_

• Do you understand attendance is an essential function of the job? Yes No

• Do you have a valid driver's license? Yes No Do you have your own, reliable transportation to ensure regular attendance? Yes No

If no, how will you plan to get to work? \_\_\_\_\_

## EDUCATION

	NAME & LOCATION OF SCHOOL	# YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, OR BUSINESS SCHOOL				

*(The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)*

## EMPLOYMENT HISTORY

List the last 3 employers beginning with most recent.

NAME OF EMPLOYER		TYPE OF BUSINESS		
ADDRESS		CITY	STATE	ZIP CODE
PHONE				
EMPLOYED FROM:	TO:	STARTING TITLE	LAST TITLE	
NAME AND TITLE OF SUPERVISOR		WAS EMPLOYMENT	FULL-TIME	PART-TIME
REASON FOR LEAVING				
BRIEF DESCRIPTION OF DUTIES				
STARTING PAY		ENDING PAY		
NAME OF EMPLOYER		TYPE OF BUSINESS		
ADDRESS		CITY	STATE	ZIP CODE
PHONE				
EMPLOYED FROM:	TO:	STARTING TITLE	LAST TITLE	
NAME AND TITLE OF SUPERVISOR		WAS EMPLOYMENT	FULL-TIME	PART-TIME
REASON FOR LEAVING				
BRIEF DESCRIPTION OF DUTIES				
STARTING PAY		ENDING PAY		
NAME OF EMPLOYER		TYPE OF BUSINESS		
ADDRESS		CITY	STATE	ZIP CODE
PHONE				
EMPLOYED FROM:	TO:	STARTING TITLE	LAST TITLE	
NAME AND TITLE OF SUPERVISOR		WAS EMPLOYMENT	FULL-TIME	PART-TIME
REASON FOR LEAVING				
BRIEF DESCRIPTION OF DUTIES				
STARTING PAY		ENDING PAY		

Please check if a resume is attached and the above information is included on the resume.

### PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING APPLICATION:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND 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 LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Request, Authorization, Consent and Release for Background Information  
(Please type or print)

I: \_\_\_\_\_  
 Last Name                      First Name                      Middle Name (please include Jr., Sr., II, III, Etc.)

Understand that in conjunction with my application for employment, **Wilderness Presidential Resort** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to **Wilderness Presidential Resort**. **Wilderness Presidential Resort** uses IntelliCorp, a consumer-reporting agency, as an agent to perform background verifications.

*IntelliCorp* will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Wilderness Presidential Resort** and IntelliCorp.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mod of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the fair Credit Reporting Act, I will be notified by **Wilderness Presidential Resort** if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Wilderness Presidential Resort**. I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to Wilderness Presidential Resort Human Resources.

**LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSE REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE WILDERNESS PRESIDENTIAL RESORTS AND ITS AGENTS BACKGROUNDS ONLINE AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OR REPORTS.**

Signed	Today's date
Printed Name	Position Applied For
/ / Date of Birth	Driver's License Number                      State

Other names you have used or are also known as: \_\_\_\_\_

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST SEVEN YEARS

Current Address: \_\_\_\_\_  
 Street                      Apt#                      City                      State                      Zip Code                      How long there

Former Address: \_\_\_\_\_  
 Street                      Apt#                      City                      State                      Zip Code                      How long there

Former Address: \_\_\_\_\_  
 Street                      Apt#                      City                      State                      Zip Code                      How long there

May we contact your current employer:    Yes    No

Would you like a copy of this report:    Yes    No