

# Education

	Elementary	High	College/ University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

## Applicant's Statement

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

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Chetola Resort, RSK.

Signature of Applicant

Date

# Application For Employment



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other legally protected status.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: Advertisement Friend Relative Walk-In  
Employment Agency Other \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

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

Home Phone Number(\_\_\_\_\_) Cell Phone Number(\_\_\_\_\_)  
Area Code Area Code

Email Address \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If Yes, give date \_\_\_\_\_

Have you ever been employed here before? Yes No If Yes, give date \_\_\_\_\_ Department \_\_\_\_\_

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
(Proof of citizenship or immigration status may be required upon employment.) Yes No

On what date would you be available for work? \_\_\_\_\_

Are you available to work Full Time Part-Time Shift Work Temporary

For which schedule are you available: Weekdays Weekends Evenings Anytime

Are you on a lay-off and subject to recall? Yes No

Do you have a valid driver's license? Yes No

Can you travel if a job requires it? Yes No

List states you have lived in during the last seven years? \_\_\_\_\_

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

Have you been convicted of a felony within the last 7 years? No Yes  
 (Conviction will not necessarily disqualify applicant from employment.)  
 If Yes, please explain \_\_\_\_\_

Veteran of the U.S. Military service? Yes No If Yes, Branch \_\_\_\_\_

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
 (You may exclude those which indicate race, color, religion, sex, or national origin): \_\_\_\_\_

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Give name, address and telephone number of three references **who are not related to you and are not previous employers.**

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**Special Employment – Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Handicaps.**

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.  
 Exclude organization names which indicate race, color, religion, sex, or national origin.

1	Employer	Telephone ( )	Dates Employed		Works Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason For Leaving					
2	Employer	Telephone ( )	Dates Employed		Works Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason For Leaving					
3	Employer	Telephone ( )	Dates Employed		Works Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason For Leaving					
4	Employer	Telephone ( )	Dates Employed		Works Performed
			From	To	
	Address				
	Job Title		Hourly Rate/Salary		
			Starting	Final	
Supervisor					
Reason For Leaving					

If you need additional space, please continue on a separate sheet of paper.

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_

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