

## **Application Instructions**

1. The application must be completed personally in the Company office. An application brought or sent to our office will not be accepted.
2. The application must be filled out completely. Phone books are available for your use. If your application cannot be filled out completely, explain why before leaving our office. An incomplete application will be put on reserve for 30 days or until completed, whichever comes first. The application will stay in our office. No copies are given or accepted.
3. Do not supply any information not requested. Examples of information that should not be included are religious affiliation, age, marital status, union affiliation, etc.
4. Current address and previous address should include: street address, city, state, and zip code.
5. Business references refer to owners or managers of businesses who know you from personal experience.
6. Carefully read all statements on the application and sign the last page. An application that does not authorize statements 1 through 11 will not be processed.
7. The applications will remain active for 30 days. After 30 days, the applicant must reapply in person. It is the responsibility of the applicant to keep track of the time schedule for the application. The Company will not notify you of application expiration.
8. For your information: We base our hiring decisions on a variety of factors, including skills and ability to perform the job, prior employment with us, employment references as to character and willingness to work, willingness to accept the offered salary, and personal interviews. Further, our need to hire may change without notice as business conditions change. We do not discriminate on the basis of race, sex, color, age, union affiliation, national origin, disability, or any other status protected by law.

# Application for Employment

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## Rippling River Resort

Today's Date: \_\_\_\_\_

Time: \_\_\_\_\_

### Instructions

You must fill out this application in person and on premises. You must answer all questions accurately and completely. You must sign and date the application. Do not provide information not requested. If you do not comply with these instructions, your application will be disregarded.

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

CURRENT ADDRESS: \_\_\_\_\_

LENGTH OF TIME AT THIS ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

LENGTH OF TIME AT THIS ADDRESS: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

How many years have you lived in this city? \_\_\_\_\_

Position(s) applied for: 1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

2. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

Do you want to work: Full-Time \_\_\_\_ Part-Time \_\_\_\_? If applying only for part-time, what days and hours? \_\_\_\_\_

Have you ever applied for work with us before? Yes \_\_\_\_ No \_\_\_\_ If yes, when? \_\_\_\_\_

List anyone you know who works for us: \_\_\_\_\_

Do you have any skills, qualifications or experiences that you feel would especially fit you for work with us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

U.S. Armed Forces Service? Yes \_\_\_\_\_ No \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Duties: \_\_\_\_\_

Rank or rating at time of enlistment: \_\_\_\_\_

Rating at time of discharge: \_\_\_\_\_

Were you dishonorably discharged? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Are you able to do the job(s) for which you are applying? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please explain: \_\_\_\_\_

Are you able to lift 50 lbs? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a smoker? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain when, where, and the nature of the offense: \_\_\_\_\_

Are there any felony charges pending against you now? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to take a drug test? Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, when can you start? \_\_\_\_\_

### Education

School	Number Of Years Attended	Name of School	City/State	Course	Did you Graduate?
High					
College					
Other					

### Prior Work Experience

Please list your most recent employment first, use additional space below if necessary to list all prior employers.

<u>Name &amp; Address Of Employer</u>	<u>Dates of Employment</u>		<u>Type of Work Done</u>	<u>Starting Pay</u>	<u>Final Pay</u>	<u>Reasons for Leaving</u>
	<u>From</u>	<u>To</u>				

### Business References

List only those persons who held managerial positions in the companies you were employed at during the time of your employment.

<u>Name</u>	<u>Address &amp; Telephone Number</u>	<u>Occupation</u>

## Skills Inventory - Please check the appropriate box

### Knowledge Level

<u>Computer</u>	Comfortable	Somewhat	None
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Publisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Outlook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Database Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Recreation/Camping

RV/Camping Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Mountain Bike Trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Hiking Trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skiing & Cross Country Skiing Trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extra Skills:

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### Applicant's Certification and Agreement

**Please Read Carefully:**

**1. Certification of Truthfulness.**

I certify that all statements on this Application for Employment are made truthfully and without evasion, and further understand and agree that such statements may be investigated and if found to be false will be sufficient reason for not being employed, or if employed may result in my dismissal.

**2. Authorization for Employment / Educational Information.**

I authorize the references listed in this Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give this Company any and all information concerning my previous employment / educational accomplishments, disciplinary information or any other 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 hereby waive written notice that employment information is being provided by any person or organization.

**3. Employment at Will.**

If I am hired, in consideration of my employment, I agree to abide by the rules and policies of this Company, including any changes made from time to time, and agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no manager or other representative of the Company, other than the President, has any authority to enter into any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. Any such agreement made by the President must be made in writing to be effective.

**4. Authorization to Work.**

If I am selected for hire I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

**5. Limitation on Claims.**

I agree that any action or suit against the Company arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the time limit specified by Statute or one (1) year of the event giving rise to the claim, whichever is less, or be forever barred. I waive any statute of limitations which exceeds one (1) year.

**6. Need for Accommodation.**

If I am a handicapper who requires an accommodation to perform the job, I must notify the Company of that need within 182 days after I knew or reasonably should have known that an accommodation was needed. Failure to do so will bar me from alleging that the Company has not accommodated me as required by law.

**7. Criminal Records Check.**

I agree to execute an authorization for the Company to secure my criminal conviction history from the appropriate law enforcement agency, should the Company determine it is necessary to do so.

**8. Driving Record Check.**

I agree to execute an authorization for this employer to inquire into, and obtain documents related to, any driving record from every state in which I have held a motor vehicle operator's license or permit.

**9. Release of Medical Information.**

I authorize every medical doctor, physician or other health care provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I hereby release every medical doctor, health care professional and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other health care provider until a conditional job offer has been made.

**10. Physical Exam and Drug and Alcohol Testing.**

I agree to take a physical exam following a conditional job offer. I also authorize the Company or its designated agent(s) to withdraw specimen(s) of my blood, urine or hair for chemical analysis. One purpose of this analysis is to determine or exclude the

presence of alcohol, drugs or other substances. I understand that decisions concerning my employment may be made as a result of this test.

**11. Consideration for Employment.**

I understand that my application will be considered pursuant to the Company's normal procedures for a period of thirty (30) days. If I am still interested in employment thereafter, I must reapply.

I have read and understand items 1 through 11 above, and acknowledge that with my signature below.

I agree that if any of the above commitments is ever found to be legally unenforceable as written, the particular commitment concerned shall be limited to allow its enforcement as far as legally possible.

_____ Applicant's Signature	_____ Date
_____ Print Applicant's Name	

**Credit Report Authorization**

I understand that the Company will request a consumer report or an investigative consumer report, including information as to my character, general reputation, personal characteristics and mode of living for general purposes of evaluating my application for employment. I further understand that I may request in writing from the Company a complete and accurate disclosure of the nature and scope of the investigation requested. I consent to the furnishing of such report to the Company.

_____ Applicant's Signature	_____ Date
_____ Print Applicant's Name	