

Creekview Lodges

Application for Employment

PLEASE PRINT – ALL information must be completed. All blanks must be filled in. The decision to employ you will depend in great part on your work history and references. Only clean, responsible people need apply. All applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

1. Position applied for _____ 2. Referred by: _____
(Note: Completion of this item is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social Security Number may be required on other forms prior to employment.)

3. Social Security No. _____

4. Full legal name: _____
Last First Middle

5. Any other name: _____

6. Present Address: _____
City State Zip

7. Home Phone: () _____

8. Cell Phone: () _____

9. Business Phone: () _____

9a. Fax Number: () _____

9b. e-mail Address: _____

10. EDUCATION

a. Check highest grade 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____
 b. If you did not complete high school, do you have a high school equivalency Yes No Date Received _____
 c. Check number of years of higher education 1 2 3 4 5 6 7

Name and Location of Institution	Hours	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

11. EXPERIENCE — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge; skills and abilities, which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present and past employers? Yes No

a. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time _____ Part-time _____ Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____
 Salary (start) _____ (finish) _____
 Dates (mo/yr) _____ to (mo/yr) _____
 Full-time _____ Part-time _____ Hours/week _____
 Number and titles of employees you supervised _____
 Equipment used _____
 Reason for leaving _____
 Your name if different from present _____

c. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

d. Automated word processing (specify equipment): _____
 Typing speed _____ words per minute. Shorthand speed _____ words per minute

e. License (to include driver's), certificate or other authorization to practice a trade or profession.
 Type License Number Granted by (state issued by and/or licensing board)

12. PERSONAL REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. CREDIT REFERENCES

This can include banks, major credit cards, store credit cards, car loans, rental stores, small loans, etc.:

Credit Grantor	Account Number	Type Account	Balance	Limit	How Long?	Current
_____	_____	_____	\$ _____	\$ _____	_____	Yes <input type="checkbox"/> : No <input type="checkbox"/>
_____	_____	_____	\$ _____	\$ _____	_____	Yes <input type="checkbox"/> : No <input type="checkbox"/>
_____	_____	_____	\$ _____	\$ _____	_____	Yes <input type="checkbox"/> : No <input type="checkbox"/>
_____	_____	_____	\$ _____	\$ _____	_____	Yes <input type="checkbox"/> : No <input type="checkbox"/>

Have you ever filed for bankruptcy? Yes , _____ No : If yes, Chapter 7 or Chapter 13 ?

Explain: _____

14. MISCELLANEOUS

a. Check which of the following you will accept: Day Evening Night Rotating _____

b. Check which job status you would accept: Full-time Part-time _____

c. Check which employment status you'd accept: Salaried Hourly Independent Contractor

d. Are you willing to accept employment that requires you to travel? No Yes. If yes, During the day only, Occasionally overnight, Frequently overnight.

e. List the geographic locations in which you are willing to work. If anywhere, write "all": _____

f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

g. Do you have your own vehicle to provide your own transportation for your employment? Yes No.

h. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes: No: If YES, please provide the Description of offense: _____

Statute or ordinance (if known): _____ Date of Charge: _____; Date of Conviction _____

County, City, State of Conviction: _____

(For additional convictions use plain paper. Include all information listed above.)

*Convictions include juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were fourteen (14) to eighteen (18) when charged.

15. Desired start date? _____

16. Anticipated length of employment? _____

17. CERTIFICATION – Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and any attachments are true, complete and correct, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment offered in connection with this application. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application and authorize Management or their authorized agents to verify all information provided on this application including, but not limited to, obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of this application and at any time in the future, with regard to any agreement entered into with Management. I herewith authorize those contacted to release any and all information necessary with regard to any inquiry about this application. I further authorize Management to rely upon and use, as it sees fit, any information received from such contacts. Any false information shall constitute grounds for rejecting this application, or Management may at any time immediately terminate any agreement entered into, without notice, in reliance upon misinformation given on this application.

Date: _____ Applicant Signature: _____

