

HIGHLANDS RESORTS

APPLICATION FOR EMPLOYMENT

We Consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

- Advertisement Relative Inquiry
 Employment Agency Friend Other/Whom _____

Last Name	First Name	Middle Name
Address	Number	City State Zip Code
Telephone Number(s)	Social Security Number (optional)	

Best time to contact you.....:_____ A.M./P.M.

If you are under 18 years old, are you able to provide proof of your eligibility to work? Yes No

Have you ever filed an application with us before?..... Yes No
If Yes, give date _____

Have you ever been employed with us before?..... Yes No
If Yes, give date _____

Do any of your friends, or relatives work here?..... 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 will be required upon employment..... Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full Time (please indicate 1 2 3 shift)
 Part Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

If the position in which you are applying requires it, are you able to lift at least 50 lbs..... Yes No

Are you currently on "lay-off" status and subject to recall?..... Yes No

Can you travel if a job requires it?..... Yes No

Have you been convicted of a felony within the last five years?..... Yes No

A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed		Job Duties
Address		From: ___/___/___	To: ___/___/___	
Telephone Number(s)	Job Title	Hourly Rate/Salary		
()	Supervisor	Starting:	Final:	
()				
Reason For Leaving:				

Employer		Dates Employed		Job Duties
Address		From: ___/___/___	To: ___/___/___	
Telephone Number(s)	Job Title	Hourly Rate/Salary		
()	Supervisor	Starting:	Final:	
()				
Reason For Leaving				

Employer		Dates Employed		Job Duties
Address		From: ___/___/___	To: ___/___/___	
Telephone Number(s)	Job Title	Hourly Rate/Salary		
()	Supervisor	Starting:	Final:	
()				
Reason For Leaving				

List professional, trade, business, or civic activities and offices held.

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or any other protected status:

Describe any specialized training or research work that you feel would be relevant to the position in which you are applying.

EDUCATION

Elementary School

Name	Course(s) of Study	Years Completed	Diploma/Degree
Address			
City State Zip Code			

High School

Name	Course(s) of Study	Years Completed	Diploma/Degree
Address			
City State Zip Code			

Undergraduate College

Name	Course(s) of Study	Years Completed	Diploma/Degree
Address			
City State Zip Code			

Graduate Professional

Name	Course(s) of Study	Years Completed	Diploma/Degree
Address			
City State Zip Code			

Other (Specify)

Name	Course(s) of Study	Years Completed	Diploma/Degree
Address			
City State Zip Code			

Describe any job-related training received in the United States military.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(Check Skills/Equipment Operated)

<input type="checkbox"/> Word Processing	<input type="checkbox"/> Shorthand	Production/Mobile	Other (list)
WPM ____	WPM ____	Machinery (list)	
<input type="checkbox"/> 10 Key	<input type="checkbox"/> Spreadsheet	_____	_____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> DOS	_____	_____
<input type="checkbox"/> Switchboard		_____	_____

REFERENCES

(Please list two business, and one personal reference)

1.	Name	Phone Number ()
Address		
Relationship:		
2.	Name	Phone Number ()
Address		
Relationship:		
3.	Name	Phone Number ()
Address		
Relationship:		

**IF AVAILABLE, PLEASE RETURN APPLICATION
WITH YOUR RESUME AND REFERENCES ATTACHED.**

APPLICANT'S STATEMENT

I certify that all the information submitted on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of employment, I agree to conform to the company's rules, and regulations. I agree and understand that Sedona Pines Resort is an "at-will" employer, meaning that employment has no specified term and that the employment relationship may end at any time without notice, by either the employer, or the employee.

Signature of Applicant _____
Today's Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview..... Yes No

Ask Applicant upon review of job requirements:
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?..... Yes No

Remarks _____

Employed..... Yes No

Date of Employment ____/____/____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name and Title Date