

# APPLICATION FOR EMPLOYMENT

## FONTANA VILLAGE RESORT, FONTANA DAM N.C.

It is the policy of Fontana Village to provide equal opportunities for all qualified persons, and not to discriminate on the basis of race, color, sex, national origin, disabilities, marital status, ancestry, or other legally protected status. Please note: this application was designed for use by persons applying for varied positions at Fontana Village Resort. Answer all questions to the best of your ability.

Position(s) applied for: \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Telephone #: \_\_\_\_\_ Mobile/Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Referral Source (How did you hear about us?): \_\_\_\_\_

If you are under 18 can you furnish a work permit?  Yes  No • If not, please explain: \_\_\_\_\_

Have you ever been employed with Fontana Village before?  Yes  No • If yes, give dates and positions: \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No • Date available for work \_\_\_\_\_

Visa Number: \_\_\_\_\_ Green Card Type: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

Desired salary range? \_\_\_\_\_ Type of employment desired:  Full-time  Part-time  Temporary  Seasonal  Ed Co-Op

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?  
 This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodations or whether accommodation is necessary. These issues may be addresses at a later stage to the extent permitted by law.

Yes  No  Need more information about the job's "essential" functions to respond

Driver's License number, if driving may be required in position for which you are applying \_\_\_\_\_ State \_\_\_\_\_

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime?  Yes  No If yes, please provide date(s) and details: \_\_\_\_\_

### EMPLOYMENT HISTORY • Starting with your most recent employer, provide the following information:

EMPLOYER: _____ PHONE #: _____ ADDRESS: _____ CITY: _____ STATE _____ START JOB TITLE/FINAL JOB TITLE _____ IMMEDIATE SUPERVISOR _____ JOB DUTIES _____ WHY DID YOU LEAVE? _____ MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	DATES EMPLOYED: ____/____/____ TO ____/____/____ <small>MONTH YEAR MONTH YEAR</small> STARTING PAY: <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____ PER _____ COMMISSION/BONUS/OTHER COMPENSATION \$ _____ ENDING PAY: <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY \$ _____ PER _____ COMMISSION/BONUS/OTHER COMPENSATION \$ _____
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## SKILLS AND QUALIFICATIONS:

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

### COMPUTER SKILLS: (Check appropriate boxes, including software and years of experience)

- Word Processing \_\_\_\_\_ Years \_\_\_\_\_      E-Mail \_\_\_\_\_ Years \_\_\_\_\_  
 Spreadsheet \_\_\_\_\_ Years \_\_\_\_\_      Internet \_\_\_\_\_ Years \_\_\_\_\_  
 Presentation \_\_\_\_\_ Years \_\_\_\_\_      Other \_\_\_\_\_ Years \_\_\_\_\_

### EDUCATIONAL BACKGROUND: Starting with your most recent school attended, provide the following information:

SCHOOL (INCLUDE CITY AND STATE)	GRAD?	MAJOR	GPA	ADDL INFO

**REFERENCES:** list name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TITLE	RELATIONSHIP	PHONE	#OF YEARS KNOWN

### APPLICANT STATEMENT:

I certify that all information I have provided in order to apply for and secure work for this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that if found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

#### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept the terms of the forgoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**