



We are an equal opportunity employer and do not discriminate in our employment practices. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs are available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Position(s) applied for : _____

Applicant name: _____ Date: _____

Address: _____

Telephone #: _____ Social Security #: _____

How were you referred to us? _____

Poster/Flyer – Newspaper – Job Service – Friend/Relative – Other (please state)

EMPLOYMENT HISTORY

Provide all employment information for your current and past employers starting with the most recent. If you need additional history sheets, please ask.

1] Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Last immediate supervisor and title: _____

Employment classification: __ Salary; __ Hourly Starting Wage: \$ _____ Per - Hr / Yr

Dates employed: from _____ to _____ Ending Wage: \$ _____ Per - Hr / Yr

Job summary: _____

Reason for leaving: _____

2] Employer: _____ Position held: _____

Address: _____ Telephone #: _____

*WE ARE AN **EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER***

Last immediate supervisor and title: _____

Employment classification: __Salary; __Hourly Starting Wage: \$_____ Per - Hr / Yr

Dates employed: from _____ to _____ Ending Wage: \$_____ Per - Hr / Yr

Job summary: _____

Reason for leaving: _____

3] Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Last immediate supervisor and title: _____

Employment classification: __Salary; __Hourly Starting Wage: \$_____ Per - Hr / Yr

Dates employed: from _____ to _____ Ending Wage: \$_____ Per - Hr / Yr

Job summary: _____

Reason for leaving: _____

4] Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Last immediate supervisor and title: _____

Employment classification: __Salary; __Hourly Starting Wage: \$_____ Per - Hr / Yr

Dates employed: from _____ to _____ Ending Wage: \$_____ Per - Hr / Yr

Job summary: _____

Reason for leaving: _____

PLEASE CHECK ALL THAT APPLY:

Type of employment desired: _____ Full-time; _____ Part time; _____ Temporary or Limited Hours

Are you available to work: _____ Days; _____ Evenings; _____ Nights; _____ Weekends

Date you will be available to start work: _____

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by Ruffin' It Resort? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Have you been convicted of a crime? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

OTHER SKILLS AND QUALIFICATIONS

Summarize any job-related training, acquired skills, licenses, certificates, and/or other qualifications that relate to the position for which you are applying:

EDUCATIONAL HISTORY

Beginning with high school, list school name and location, course of study, and any degrees, certificates, etc., and year earned or awarded:

NAME & LOCATION OF SCHOOLS (CITY/STATE)	DATES ATTENDED	COURSE OF STUDY	DEGREE OR GED EARNED	GPA
High School	/			
Technical College				
College				

REFERENCES

List 3 *work-related* references and in what capacity you know that person (immediate supervisor, peer, etc.):

NAME	COMPANY/ADDRESS	TELEPHONE	CAPACITY

APPLICANT AUTHORIZATION & RELEASE

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omissions made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the at-will employment relationship at any time, with or without cause.

I understand that if it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant's Signature

Date

Applicant's Printed Name

We will keep your application on file for a minimum of one year but not necessarily active.