|  | **2023 BUFFALO LODGE**  **EMPLOYMENT APPLICATION** |  |
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| **Our company provides equal employment opportunities to all employees and qualified applicants for employment without regard to age, color, national origin, physical or mental disability, race, religion, gender, sex, sexual orientation, marital status, genetic information or any other characteristic protected by federal, state or local law.** |
| --- |

| Date: | Position for which you are applying: | Starting pay range you are |
| --- | --- | --- |
|  |  | seeking: |

**PERSONAL INFORMATION**

| First Name MI Last Mobile Phone | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  | |  | | ( ) |
| Street Address Email Address | | | | | | |
|  | | | | | |  |
| City State Zip Code Birthdate Social Security # | | | | | | |
|  |  | |  | |  |  |
| Are you legally eligible for employment in the U.S.A. If offered employment, you must present proof of identity and employment authorization. | | | | | | |

\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO

|  |  |
| --- | --- |
| Have you ever been employed by our company? If “Yes” list dates, position, department, and supervisor: | |
|  | |
| How soon are you available to work? If seasonal, what date will you no longer be available? Do you have plans to be away this summer? Explain: | |
|  | |
| Type of work for which you are applying: Can you work weekends and other shifts? Indicate times you cannot work: | |
| Full-Time Part-Time Other: |  |
| How did you hear about our company? List source: Do you have any friends or relatives who work for our company? If “Yes” list names: | |
|  | |

**DRIVING OWN AND/ORCOMPANY VEHICLE FOR WORK USE**

| Driver license Number & State: Do you have your own transportation? If not please explain your transportation plans: | |
| --- | --- |
|  |  |
| Have you been convicted of a moving violation or has your license been suspended or revoked in the past five years? If “yes” explain: | |
| If “yes” explain: | |

**EXPERIENCE (Begin with the most recent employer)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer | Address | | | From (Mo. /Yr.) | To (Mo. /Yr.) |
|  |  | | |  |  |
| Name of Supervisor | Supervisor’s Title | Phone | Ext. | Starting Base Pay | |
|  |  |  |  |  | |
| Starting Position | Current or Last Position Held | | | Current Base Pay | |
|  |  | | |  | |
| Description of Duties: | | | | Reason for Leaving | |
|  | | | |  | |
| May we contact this employer? | |
|  | |
| Employer | Address | | | From (Mo. /Yr.) | To (Mo. /Yr.) |
|  |  | | |  |  |
| Name of Supervisor | Supervisor’s Title | Phone | Ext. | Starting Base Pay | |
|  |  |  |  |  | |
| Starting Position | Current or Last Position Held | | | Current Base Pay | |
|  |  | | |  | |
| Description of Duties: | | | | Reason for Leaving | |
|  | | | |  | |
| May we contact this employer? | |
|  | |
| Employer | Address | | | From (Mo. /Yr.) | To (Mo. /Yr.) |
|  |  | | |  |  |
| Name of Supervisor | Supervisor’s Title | Phone | Ext. | Starting Base Pay | |
|  |  |  |  |  | |
| Starting Position | Current or Last Position Held | | | Current Base Pay | |
|  |  | | |  | |
| Description of Duties: | | | | Reason for Leaving | |
|  | | | |  | |
| May we contact this employer? | |
|  | |
| Employer | Address | | | From (Mo. /Yr.) | To (Mo. /Yr.) |
|  |  | | |  |  |
| Name of Supervisor | Supervisor’s Title | Phone | Ext. | Starting Base Pay | |
|  |  |  |  |  | |
| Starting Position | Current or Last Position Held | | | Current Base Pay | |
|  |  | | |  | |
| Description of Duties: | | | | Reason for Leaving | |
|  | | | |  | |
| May we contact this employer? | |
|  | |

**EDUCATION AND SKILLS**

| High School Attended City State Did You Graduate | | | |
| --- | --- | --- | --- |
|  |  |  |  |

**OTHER EDUCATIONAL INSTITUTIONS ATTENDED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name City State Zip Code | | | | |
|  |  | |  |  |
| Degree Major/minor or field of Specialty Did you Graduate Degree/Certificate Attained | | | | |
|  |  |  | | |
| Name City State Zip Code | | | | |
|  |  | |  |  |
| Degree Major/Minor or field of Specialty Did you Graduate Degree/Certificate Attained | | | | |
|  |  |  | | |
| List licenses, certifications, and foreign language proficiency if job-related: | | | | |
|  | | | | |
| List office machines: calculators, computers, and software applications used (indicate your typing and/or data input speed): | | | | |
|  | | | | |
| List Skills: (Systems and Data Management, Programming/Software Design, Web Tools, Computer Hardware, etc.): | | | | |
|  | | | | |
| Provide information re: community activities, professional, trade or service organizations to which you belong, which you believe may demonstrate your job related abilities (You may exclude any which indicate race, color, religion, sex, national origin, age, disability or status as a Vietnam-era or disabled veteran). | | | | |
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**PROFESSIONAL REFERENCES**

List employers, colleagues, and associates familiar with your professional ability and who may be contacted. Do not list relatives and friends.

|  |  |  |
| --- | --- | --- |
| Name | Occupation | Phone |
|  |  |  |
| Street Address | City, State, Zip | Email |
|  |  | Zip |
| Name | Occupation | Phone |
|  |  |  |
| Street Address | City, State, Zip | Email |
|  |  | Zip |
| Name | Occupation | Phone |
|  |  |  |
| Street Address | City, State, Zip | Email |
|  |  | Zip |

**THE STATEMENTS BELOW ARE PART OF THE APPLICATION PROCESS PLEASE READ CAREFULLY.**

I CERTIFY THAT THE ANSWERS ON THIS APPLICATION ARE TRUE AND COMPLETE. IN SUBMITTING THIS APPLICATION FOR EMPLOYMENT, I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMMISSION OF PERTINANT FACTS THAT WOULD OTHERWISE MAKE ME INELIGIBLE FOR CONSIDERATION, DISCOVERED NOW OR IN THE FUTURE, WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THE APPLICATION AND/OR SEPARATION FROM THE COMPANY’S SERVICE, IF I HAVE BEEN EMPLOYED. I HEREBY AUTHORIZE ANY PERSON OR ORGANIZATION WHOSE NAME I HAVE GIVEN AS A REFERENCE OR BY WHOM I HAVE BEEN PREVIOUSLY EMPLOYED, TO FURNISH THIS COMPANY OR ITS REPRESENTATIVES, ANY INFORMATION CONCERNING ME, WITH RESPECT TO MY QUALIFICATIONS AS AN EMPLOYEE. I HEREBY RELEASE ALL SUCH PERSONS AND ORGANIZATIONS FROM ANY CLAIMS FOR DAMAGES ARISING AS A RESULT OF THE GOOD FAITH DISCLOSURE OF SUCH RECORDS OR INFORMATION.

THE FAIR CREDIT REPORTING ACT REQUIRES THAT APPLICANTS KNOW THAT A ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE JOB-RELATED INFORMATION CONCERNING CHARACTER AND REPUTATION. UPON WRITTEN REQUEST ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

I UNDERSTAND THAT I MAY BE REQUIRED TO SUBMIT TO A PHYSICAL EXAMINATION TO DETERMINE MY FITNESS FOR THE WORK TO BE PERFORMED.

OUR POLICY IS NOT TO EMPLOY INDIVIDUALS WHO USE ILLEGAL DRUGS OR PRESCRIPTION DRUGS WITHOUT A MEDICAL PRESCRIPTION, IN ANY AMOUNT, REGARDLESS OF FREQUENCY OR OCCASION. THIS COMPANY WILL NOT DISCLOSE INFORMATION OBTAINED THROUGH THE DRUG SCREENING TEST EXCEPT (1) WHEN SUCH INFORMATION IS NEEDED BY PERSONS INVOLVED IN THE EMPLOYMENT DECISION, AND (2) WHEN SUCH DISCLOSURE IS REQUIRED BY LAW. **IF NECESSARY**, I AGREE TO PROVIDE A URINE SPECIMEN WITH THE UNDERSTANDING THAT THE SPECIMEN WILL BE USED TO TEST FOR THE PRESENCE OF ILLEGAL AND DANGEROUS DRUGS. I FURTHER AGREE THAT WHILE EMPLOYED BY THIS COMPANY, I WILL CONSENT TO DRUG AND ALCOHOL TESTING IN ACCORDANCE WITH COMPANY POLICY.

IF I AM EMPLOYED, I WILL FURNISH PROOF OF RIGHT TO WORK DOCUMENTS AS REQUIRED BY LAW. I UNDERSTAND THAT I MUST PRESENT MY DOCUMENTS BY THE THIRD DAY OF MY EMPLOYMENT, IF I DO NOT, I WILL NOT BE ABLE TO RETURN TO WORK UNTIL I DO SO.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY AND FURTHER AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE OR NOTICE, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO REPRESENTATIVES OF THE COMPANY, OTHER THAN THE PRESIDENT, CEO, OR OWNER HAS ANY AUTHORITY TO ENTER INTO ANY SUCH AGREEMENT CONTRARY TO THE FOREGOING. FURTHERMORE, I UNDERSTAND AND AGREE THAT ANY SUCH AGREEMENT ENTERED INTO BY THE PRESIDENT, CEO, OR OWNER WILL NOT BE ENFORCEABLE UNLESS IT IS IN WRITING.

**YOUR PRIVACY IS IMPORTANT TO OUR COMPANY. PLEASE DO NOT LEAVE YOUR APPLICATION WITH ANYONE NOT DIRECTLY RESPONSIBLE FOR REVIEWING THIS APPLICATION.**

**I CERTIFY BY MY SIGNATURE THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AS STATED ABOVE.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_APPLICANT’S SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE

THANK YOU FOR APPLYING FOR EMPLOYMENT AT THE BUFFALO LODGE BICYCLE RESORT