



MINERAL SPRINGS RESORT & SPA

EMPLOYMENT APPLICATION

It is the policy of Sycamore Mineral Springs Resort, (herein called "Company") to provide equal employment opportunities to all applicants without regard to an applicant's race, color, religion, sex, national origin, age, marital status, veteran status, disability or any other status protected by law.

If completing by hand, please print and use ink.

GENERAL INFORMATION

Form with fields: Last Name, First Name, Middle Name, Date, Home Address, City, State, Zip, Mailing Address, Phone, Cell Phone.

For the purpose of verifying your employment and educational history, please list any other names you have used while employed or attending school. Include the dates and names used.

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations? [ ] Yes [ ] No

If necessary, please describe the position duties you cannot perform and any accommodations you require.

All offers of employment are conditioned upon your ability to provide evidence of your right to legally be employed in the United States. Are you legally eligible for employment in the United States? [ ] Yes [ ] No

JOB INFORMATION

Position Applying For

Check One [ ] Regular [ ] Seasonal [ ] Temporary Check One [ ] Full Time (30-40 hrs/wk) [ ] Part Time (- 30 hrs/wk)

Have you previously BEEN EMPLOYED by Boutique Hotel Collection? [ ] Yes [ ] No

- [ ] Boutique Hotel Collection [ ] Sycamore Mineral Springs Resort
[ ] Avila Hot Springs [ ] The Cliffs
[ ] Sea Venture [ ] Apple Farm
[ ] Fernwood

Employment Dates
Position
Reason for Leaving

Do you have any RELATIVES THAT CURRENTLY WORK FOR any business listed above? [ ] Yes [ ] No

Have you ever been dismissed or asked to resign? [ ] Yes [ ] No

If yes, please explain.

## EMPLOYMENT HISTORY

### “SEE RESUME” IS NOT SUFFICIENT - SECTION BELOW MUST BE COMPLETED IN FULL

Please provide a complete employment history listing all positions for the last 10 years including military, part-time, summer and volunteer. Attach a separate sheet if necessary.

Present Employer		Address	City	State	Zip	Phone
Position		Supervisor's Name			Supervisor's Title	
Employed From (Month, Year)	Employed To (Month, Year)	Duties				

May we contact your present employer?  Yes  No  
If no, please explain.

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Employer		Address	City	State	Zip	Phone
Position		Supervisor's Name			Supervisor's Title	
Employed From (Month, Year)	Employed To (Month, Year)	Duties				

May we contact this employer?  Yes  No  
If no, please explain.

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Employer		Address	City	State	Zip	Phone
Position		Supervisor's Name			Supervisor's Title	
Employed From (Month, Year)	Employed To (Month, Year)	Duties				

May we contact this employer?  Yes  No  
If no, please explain.

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Employer		Address	City	State	Zip	Phone
Position		Supervisor's Name			Supervisor's Title	
Employed From (Month, Year)	Employed To (Month, Year)	Duties				

May we contact this employer?  Yes  No  
If no, please explain.

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Please explain all periods of two months or more in which you were not employed during the past two years.

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## EDUCATION

Type of School	Diploma/Degree Type (GED, H.S. B.A. Received)	Name of School	City, State	Major/Courses
High School				
College				
Graduate School				
Other				

## SPECIAL SKILLS

Include your level of computer skills

Include any professional license or certification earned and foreign language proficiency

## REFERENCES

In addition to the supervisors listed in the employment history section, list three professional references who can comment on your work performance.

Name/Relationship	Address	Occupation (Company, Job Title)	Phone

## OTHER RELEVANT EXPERIENCE

Please provide any other information that you think would be helpful to us in considering you for employment such as additional work experience (paid or unpaid), seminars, articles or books published, activities and accomplishments. (You may exclude all information indicative of age, sex, race, color, religion, national origin, disability or any other status protected by law.)

## HOW WERE YOU REFERRED TO US

<input type="checkbox"/> Employee	Name:	<input type="checkbox"/> Newspaper	Name:
<input type="checkbox"/> School	Name:	<input type="checkbox"/> Internet Site	Name:
<input type="checkbox"/> State or Local Agency	Name:	<input type="checkbox"/> Other	Specify:

**APPLICANT PLEASE READ AND SIGN**

I certify that the answers given to the questions and the statements made on this application (including statements on my resume and other documents) and in the hiring process are true and correct to the best of my knowledge. I understand that a false statement, answer, omission or a misleading statement may result in a decision not to hire me, the withdrawal of any offer of employment, or the termination of my employment with the Company regardless of when false, misleading or erroneous information is discovered.

In connection with my application for employment, I authorize the Company and any agent acting on its behalf to conduct a background/criminal check and also to investigate references given by me including former employers, personal references and educational institutions. I authorize the Company and any agent acting on its behalf to obtain information on my driving record if the position requires driving. I understand that my employment is conditioned upon the results of these investigations.

I release the Company, and any agent acting on its behalf, and my former employers from any and all liability of any nature by reason of requesting or releasing such information.

Where applicable, I agree that as a condition of continued employment, I must maintain the legal right to drive and be insured. I will comply with all traffic regulations, laws and ordinances in the operation of a motor vehicle while engaged in Company business.

I understand that as a condition of employment I am required by Federal Law to produce documentary evidence of my identity and legal right to be employed in the United States.

In consideration of my employment, I agree to conform to the rules and regulations of the Company. I also acknowledge that I may be required to participate in drug testing at the discretion of the Company.

I agree that my employment and compensation can be terminated with or without cause or notice at the option of the Company. I may terminate my employment with or without cause or notice. I further agree that the Company reserves the right to make unilateral changes in the terms and conditions of my employment and that this application does not create a binding employment contract between the Company and me. I understand and agree that the at-will nature of my employment may only be changed in writing by an authorized officer of the Company.

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Applicant Name

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Applicant Signature

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Date