



Application For Employment

Honey Creek Resort considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Honey Creek Resort is an equal opportunity employer. All applicants may be subject to pre-employment drug screening and background check. Incomplete applications will not be considered. The questions on this form are asked to allow us to evaluate your ability and chance for success in the position for which you are applying. Every effort has been made to comply with applicable Federal and State laws.

Referral Source: _____

Name of Referral Source: _____

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Contact Phone Number: _____ Alternate Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email Address: _____

POSITION

Current Position: _____

Location: _____ Other Position: _____

Are you willing to accept other positions? Yes _____ No _____

AVAILABILITY

Start Date: _____ End Date: _____

OTHER INFORMATION

Have you ever been employed by Honey Creek Resort? Yes _____ No _____

If yes, what position? _____ When? _____

Reason for leaving? _____

Do you have any relatives currently employed by Honey Creek Resort?

Yes _____ No _____ If yes, where? _____ When? _____

Is your relative still employed with Honey Creek Resort? Yes _____ No _____

Are you authorized to work in the United States? Yes _____ No _____
(proof of citizenship or Immigration will be required upon employment)

OTHER SPECIFIC SKILLS

Data Entry ___ Cooking ___ General Maintenance ___ Plumbing ___ Electrical ___ Painting ___
Other _____

AVAILABILITY / SCHEDULING

I am available for any shift Yes _____ No _____ (If no, please enter available times below)

I am available:

- Monday Start Time: Start Time: _____ to End Time: _____
- Tuesday Start Time: Start Time: _____ to End Time: _____
- Wednesday Start Time: Start Time: _____ to End Time: _____
- Thursday Start Time: Start Time: _____ to End Time: _____
- Friday Start Time: Start Time: _____ to End Time: _____
- Saturday Start Time: Start Time: _____ to End Time: _____
- Sunday Start Time: Start Time: _____ to End Time: _____

EMPLOYMENT HISTORY

List your last three employers starting with the most recent or relevant to position applying for as previous employers will be contacted.

Employer #1 (last/most recent)

Company _____ City _____ State _____
Position _____ Dates of Employment Dates _____ to _____
Supervisor Name _____ Phone _____ Wage/Pay _____
Job Duties _____
Reason for Leaving _____

Employer #2

Company _____ City _____ State _____
Position _____ Dates of Employment Dates _____ to _____
Supervisor Name _____ Phone _____ Wage/Pay _____
Job Duties _____
Reason for Leaving _____

Employer #3

Company _____ City _____ State _____
Position _____ Dates of Employment Dates _____ to _____
Supervisor Name _____ Phone _____ Wage/Pay _____
Job Duties _____
Reason for Leaving _____

EDUCATION & TRAINING

	School Name	Major/Minor	Graduated	Diploma
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Grad School	_____	_____	_____	_____
Other	_____	_____	_____	_____
Additional Training: _____				

MILITARY SERVICE

Have you ever served in the United States Armed Services or in a State Militia? ___Yes ___No

If yes, name of the Service Branch/Reserve Organization: _____

Final Rank or Rate: _____

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying. Are you capable of performing in a reasonable manner or with reasonable accommodation for the essential functions of the job or occupation for which you have applied? Yes

REFERENCES

List names of persons not related to you whom we may contact to verify your qualifications for the job for which you are applying.

Reference #1				
Name	_____	Title	_____	
Company/Organization	_____			
Nature of Affiliation	_____	Other	_____	
Phone	_____			
Address	_____	City	_____	State _____ Zip _____
Reference #2				
Name	_____	Title	_____	
Company/Organization	_____			
Nature of Affiliation	_____	Other	_____	
Phone	_____			
Address	_____	City	_____	State _____ Zip _____

I certify that the information I have provided is true, correct and complete in all material respects. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I also understand that I am required to abide by all rules and regulations of Honey Creek Resort.

In connection with my application for employment with Honey Creek Resort, I hereby authorize HCR and any of its officers, agents employees, and servants to solicit all relevant information with regard to this application. This authorization includes, but is not limited to, matters of opinion related to my character, ability, reputation and past conduct. I understand that such information will be used by HCR in making its decision about my employment.

I hereby authorize and request all persons, schools, companies, corporations, governmental units, credit bureaus, and law enforcement agencies to release such requested information to HCR and its agents without restriction or qualification. I voluntarily waive all recourse and release all such providers of said information from liability for complying with this authorization.

I hereby release and discharge HCR its agents and servants, their respective parents, subsidiaries, affiliates, contractors, and attorneys from any claim or liability, including attorney's fees, relating to or arising out of, but not limited to, the performance of the preemployment investigation, the ultimate employment determination, and the disclosure of the information as described herein and as required by law, and any termination of my employment because of the falsity, answers or omissions made by me in this application.

Signature _____

Date of Application _____

EMPLOYEE AFFIRMATIVE ACTION INFORMATION FORM

PLEASE READ BEFORE COMPLETING FORM

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

- As an employer/government contractor, we comply with government regulations and affirmative action responsibilities
- Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. Refusal to provide this information will not subject you to adverse treatment.
- This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment

APPLICANT DATA RECORD

Personal Information

I prefer not to answer.

Position applied for _____

Date of application _____

Referral Source _____

Your Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Gender Female Male

Ethnicity _____

To the extent we are subject to the Vietnam Veteran's Readjustment Assistance Act of 1974 or Section 503 of the Rehabilitation Act of 1973, or the Jobs for Veterans Act of 2002, as amended, we comply with requirements to take affirmative action regarding qualified individuals with a disability, disabled veterans, or other protected veterans, Armed Forces service medal veterans, and recently separated veterans. If you come within any of these categories and would like to be included in our affirmative action program, you may tell us now or at any time in the future. We also invite you to tell us now, or at any time in the future, about any reasonable accommodations that you believe we could make which would better enable you to perform the essential functions of the job properly and safely.

Submitting this information is voluntary. Providing it or declining to provide it will not affect your employment in any way. The information will only be used in ways consistent with the law. It will be kept confidential, except that it may be used to determine necessary accommodations and to inform first aid/safety personnel or government officials enforcing applicable laws.

Veteran _____

Disabled _____

Disability _____ Other _____

Special Accommodations Requested _____

Signature _____ Date of Application _____