

DEVIL'S HEAD RESORT & CONVENTION CENTER

APPLICATION FOR EMPLOYMENT

This company is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this company to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis that is prohibited by federal or state law. As an equal opportunity employer, this company intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodations.

Please print clearly.

PERSONAL	Last Name	First	Middle	Date		
	Have you ever worked under a different name? (For background investigation purposes only.) YES NO			Home Telephone		
	If so, please state name (s):			()		
	Street Address/P.O. Box			Cellular Telephone		
				()		
	City, State, Zip			Social Security #		
	Have you ever been employed by us before?			Pay Expected		
	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: When: Position:			How did you hear about our company?		
	Position for which you are applying: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time					
	If part-time, fill in the days & hours you can work below: ALL positions are seasonal unless told different by General Manager				When will you be available to start work?	
Sunday	Monday	Tuesday	Wednesday	Thursday		Friday
Are you a United States citizen or do you have an entry permit which allows you to lawfully work in the U.S.?				Are you at least 18 yrs old?		
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No Date of birth if under 18 _____		
Have you been convicted of any felonies or crimes in the past ten years which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No				If no, can you provide a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe in full:						
Other special training or skills (languages, machine operation, etc.)						

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	GRADUATE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	BUSINESS/TECHNICAL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	ELEMENTARY				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY	Did you or are you currently serving in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which Branch?
	Describe any training received relevant to the position for which you are applying.	

ADDITIONAL	Membership(s) in professional and civic organizations, special accomplishments, awards, etc.
	(Exclude those which may disclose your race, color, religion, age or national origin)

REFERENCES	May we communicate with your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	List three people (no relatives) you have worked with, that you do not live with and whom we may contact for a reference.		
	Name: _____	Address: _____	Phone #: _____
	Name: _____	Address: _____	Phone #: _____

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer

1	Company Name	Telephone ()
	Address	Employed - (State month and year)
	Name of Supervisor	From: To:
	Position and Responsibilities	Pay Rate
		Start: Last:
Reason for leaving:		
2	Company Name	Telephone ()
	Address	Employed - (State month and year)
	Name of Supervisor	From: To:
	Position and Responsibilities	Pay Rate
		Start: Last:
Reason for leaving:		
3	Company Name	Telephone ()
	Address	Employed - (State month and year)
	Name of Supervisor	From: To:
	Position and Responsibilities	Pay Rate
		Start: Last:
Reason for leaving:		
4	Company Name	Telephone ()
	Address	Employed - (State month and year)
	Name of Supervisor	From: To:
	Position and Responsibilities	Pay Rate
		Start: Last:
Reason for leaving:		

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment. I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I further understand that no representative of the Company has the authority to enter into any agreement for employment for any specified period of time and that Devil's Head Resort is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by Devil's Head Resort, and, if hired, my employment will be AT WILL and may be terminated at anytime without prior notice. I understand that this application will remain on file for 60-days for consideration. After 60-days, if I am interested in a position with Devil's Head Resort, it will be necessary for me to complete a new application form.

If employed, I agree to abide by all work and safety rules of Devil's Head Resort. I understand that Devil's Head Resort is committed to maintaining a drug-free workplace. I am aware that Devil's Head Resort may require a drug test as part of the hiring process. Also, if employed, I realize that Devil's Head Resort conducts post-accident, reasonable suspicion, periodic and / or random drug and/or alcohol testing of its employees.

Date

Signature

Please return application to S6330 Bluff Road, Merrimac, WI 53561