



RESORTS COMPANIES
APPLICATION FOR EMPLOYMENT

OFFICE USE ONLY:
Previous Employee [] Yes [] No
Eligibility _____

PERSONAL INFORMATION

DATE ____/____/____

Legal Name _____ Social Security Number ____-____-____
LAST FIRST MIDDLE INITIAL

Present Address _____
STREET CITY STATE ZIP CODE

Phone _____ Alt. Phone _____ E-mail _____

EMPLOYMENT DESIRED

Position(s) Desired _____ Are you 18 years+? [] Yes [] No *If under 18, list age
Are you 21 years+? [] Yes [] No

AVAILABILITY

[] Check here if your availability is completely open; otherwise please list times you are available to work:

Table with 5 columns: Mon, Wed, Fri, Sun, Holidays; and 2 rows: Mon, Tues; Thurs, Sat, Other, Overnight.

Date you can start ____/____/____ Salary Desired \$_____ hour [] Full-time [] Part-time [] Seasonal

GENERAL

Are you employed now? [] Yes [] No If so, may we inquire of your present employer(s)? [] Yes [] No

Have you ever been employed by Resorts or one of its affiliates? [] Yes [] No When? _____

Previous Department and Supervisor _____

Have you ever applied or worked for Resorts under another name? [] Yes [] No Name? _____

How did you hear about employment opportunities with Resorts?

[] Newspaper [] Rehire [] Word of Mouth [] Facebook [] Massresort.com [] Employee Referral _____

[] Other, please specify _____

Summarize any skills, training, seminars, workshops, licenses and/or certifications: _____

U.S. Military or Naval service? [] Yes [] No If yes, RANK_____ Current member of National Guard or Reserves? [] Yes [] No

SPECIAL QUESTIONS

• For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible to work in the United States? [] Yes [] No

• Have you been convicted of a felony or misdemeanor? [] Yes [] No
(You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.)

If yes, please describe including date and location of offense: _____

• Do you have anything scheduled such as vacations, court dates, appointments, special events, etc.? _____

• Do you understand attendance is an essential function of the job? [] Yes [] No

• Do you have a valid driver's license? [] Yes [] No Do you have your own, reliable transportation to ensure regular attendance? [] Yes [] No

If no, how do you intend to get to work? _____

EDUCATION

	NAME & LOCATION OF SCHOOL	# YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR OTHER SCHOOL				

(The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.)

EMPLOYMENT HISTORY

Please check if a resume is attached and the following information is included on the resume.

List the last 3 employers beginning with most recent.

NAME OF EMPLOYER		TYPE OF BUSINESS		
ADDRESS		CITY	STATE	ZIP CODE
PHONE				
EMPLOYED FROM:	TO:	STARTING TITLE	LAST TITLE	
NAME AND TITLE OF SUPERVISOR		EMPLOYMENT STATUS		REASON FOR LEAVING
		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>		
BRIEF DESCRIPTION OF DUTIES				
			STARTING PAY	ENDING PAY
NAME OF EMPLOYER		TYPE OF BUSINESS		
ADDRESS		CITY	STATE	ZIP CODE
PHONE				
EMPLOYED FROM:	TO:	STARTING TITLE	LAST TITLE	
NAME AND TITLE OF SUPERVISOR		EMPLOYMENT STATUS		REASON FOR LEAVING
		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>		
BRIEF DESCRIPTION OF DUTIES				
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NAME OF EMPLOYER		TYPE OF BUSINESS		
ADDRESS		CITY	STATE	ZIP CODE
PHONE				
EMPLOYED FROM:	TO:	STARTING TITLE	LAST TITLE	
NAME AND TITLE OF SUPERVISOR		EMPLOYMENT STATUS		REASON FOR LEAVING
		FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>		
BRIEF DESCRIPTION OF DUTIES				
			STARTING PAY	ENDING PAY

PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING APPLICATION:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

SIGNATURE _____

DATE ____/____/____