

Application for Employment

Please Print



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # () _____ Mobile/Beeper/Other Phone # () _____ E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (Please check the appropriate category and name the source.)

- | | |
|--|---|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Government Employment Agency _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Other _____ |

If necessary, best time to call you at home is..... : _____ AM PM

May we contact you at work? ☐ Yes ☐ No

If **yes**, work number and best time to call:
() : _____ AM PM

If you are under 18 and it is required,
can you furnish a work permit? ☐ Yes ☐ No

If **no**, please explain _____

Have you submitted an application here before? ☐ Yes ☐ No

If **yes**, give date(s) and position(s) _____

Have you ever been employed here before? ☐ Yes ☐ No

If **yes**, give dates From ____/____/____ To ____/____/____

Are you legally eligible for employment
in this country? ☐ Yes ☐ No

Date available for work ____/____/____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: ☐ Full-Time ☐ Part-Time
☐ Educational Co-Op ☐ Seasonal ☐ Temporary

Will you relocate if job requires it? ☐ Yes ☐ No

Will you travel if job requires it? ☐ Yes ☐ No

If they have been explained to you,
are you able to meet the attendance
requirements of the position? ☐ N/A ☐ Yes ☐ No

Will you work overtime if required? ☐ Yes ☐ No

If **no**, please explain _____

Driver's license number required if driving may be required in the
job for which you are applying:

_____ State _____

Have you ever been bonded? ☐ Yes ☐ No

Answering "yes" to the following question does not constitute an automatic
bar to employment. Factors such as date of the offense, seriousness and
nature of the violation, rehabilitation and position applied for will be taken
into account.

Have you ever pled "guilty" or "no contest" to,
or been convicted of a crime? ☐ Yes ☐ No

If **yes**, please provide date(s) and details _____

Employment History

Starting with your most recent employer, provide the following information.

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Starting job title/final job title		Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Why did you leave?		Commission/Bonus/Other Compensation \$
Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employer	Telephone # ()	Dates employed: Month / Year to Month / Year
Street address	City State	Compensation (Starting) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Starting job title/final job title		Commission/Bonus/Other Compensation \$
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
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Summarize the type of work performed and job responsibilities.		
What did you like most about your position?		
What were the things you liked least about the position?		

Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury or disability. _____

If not addressed on previous page, have you ever been fired or asked to resign from a job?..... ☐ Yes ☐ No

If yes, please explain _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing _____ Years: _____	<input type="checkbox"/> Internet _____ Years: _____
<input type="checkbox"/> Spreadsheet _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____
<input type="checkbox"/> Presentation _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____
<input type="checkbox"/> E-mail _____ Years: _____	<input type="checkbox"/> Other _____ Years: _____

Educational Background

Starting with your most recent school attended, provide the following information.

School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known
			()	
			()	
			()	

Related Information

To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc.

Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

☐ Yes ☐ No ☐ Not Applicable

If yes, please explain:

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____



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Call 800-999-9111 or shop online at www.HROne.com to reorder
Application for Employment (Long Form) #R1-A0800



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Related Information

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Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

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In your current or a prior job, have you ever written instructions or directions to be followed by employees or customers?

☐ Yes ☐ No ☐ Not Applicable

If yes, please explain:

Is there any other job-related information you want us to know about you?

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

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I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____



INFORMATION ON DEMAND

PO Box 757, Blairsville GA 30514

Tel: 706-781-3554 Fax: 706-781-3907

Email: searches@informationondemand.net

Loreley Resort

EMPLOYEE APPLICANT BACKGROUND CHECK CONSENT & AUTHORIZATION/ORDER FORM

The undersigned (i) confirms that it has authorized the above named Client to obtain a background check for employment purposes including, without limitation, a consumer report and criminal background check on the undersigned, and (ii) authorizes **Information on Demand, Inc.**, or any of its agents, to provide, orally or in writing, the results of a background check, including a consumer report and criminal background check, to the above-named Client or its representatives. I further certify that I have been advised of my rights under the The Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681-1681v either verbally or by inclusion in my employment application package. This authorization is a continuing authorization for the Client to obtain background checks on the undersigned during the term of the undersigned's employment with Client.

THE UNDERSIGNED RELEASES INFORMATION ON DEMAND, INC. AND ITS AGENTS AND REPRESENTATIVES, AND ALL ENTITIES AND INDIVIDUALS INVOLVED IN REPORTING INFORMATION ABOUT THE UNDERSIGNED, FROM ANY AND ALL CLAIMS BY, OR LIABILITY TO, THE UNDERSIGNED THAT MAY RESULT FROM, ARISE OUT OF, OR IN CONNECTION WITH THE CHECK AND CONSENTS TO THE ABOVE NAMED EMPLOYER TO PERFORM PERIODIC BACKGROUND CHECKS FOR THE DURATION OF MY EMPLOYMENT WITH THIS COMPANY.

EMPLOYEE APPLICANT INFORMATION – COMPLETED BY APPLICANT (Sex & Race for Identifier Purposes Only**)**

PRINT HERE:

First Name	Middle Name	Last Name
Sex	Race	Date of Birth
		Social Security Number

Complete Street Address, City, State, and Zip Code

Employee Applicant Signature

Date

Client certifies the following:

1. The Background Report is being ordered from IOD for use by Client employment purposes.
2. Information from the Background Reports will not be used in violation of and Federal or state equal opportunity employment law or regulation.
3. Client has provided to the subject of the Background Report a clear and conspicuous written disclosure, in a document that consists solely of the disclosure, that a consumer report may be obtained on the subject for employment purposes, and the subject has provided written authorization (which may be on the same document) of Client's procurement of the report.
4. Before taking adverse action against the subject of the Background Report, based in whole or in part on the Background Report, Client will provide that subject a **copy of the report** and a copy of the FTC's Summary of Consumer Rights.

BACKGROUND CHECK REPORT ORDER – COMPLETED BY CLIENT

☐ Criminal Trace (Enter Each State in Parentheses Below)

County Level Search: _____

() () () ()

☐ Social Security Trace

☐ M.V.R. State

DL #

☐ US National Search

☐ FACIS. (choose I II III) Please provide professional License Number

☐ Education /Employment Trace (Use Attached Sheet)

☐ I9 Verification (Please attached I9 and copies of documents)

Signature of Client Representative: _____

Date: _____

☐ General Employment (E)

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize **Loreley Resort** to conduct a Criminal History Background inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Complete Legal Name (print)			
Current Street including City, State and Zip Code			
Sex	Race	Date of Birth	Social Security Number

CHECK ONE BOX

- ☐ This authorization is valid for 90 days from the date of signature.
- ☐ I give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____

Date _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input checked="checked" type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled PROVIDING 24/7 CARE
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children NOT A VOLUNTEER