

Employment Application

Applicant Information (PLEASE PRINT CLEARLY)

Last Name:		First Name:		Middle Name:	
Address (Street # and Name):		Apt. #:	City:	State:	ZIP Code:
U.S. Social Security Number:		If hired, can you provide evidence of eligibility to work in the U.S?			
<i>Any offer of employment is conditioned upon completion of form I-9 and providing the appropriate documents for identity and work authorization.</i>					
Are you at least 18 years old? (if under 18, hire is subject to verification of minimum legal working age).					
Telephone Number:			Email Address:		
Position Desired/ Position Applying for:			Pay Rate Desired:		
Desired Work Type: <i>(Check box)</i>		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part- Time	<input type="checkbox"/> Year-round	<input type="checkbox"/> Seasonal
Work Availability: <i>(Check box)</i>	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
Specify Times:					<input type="checkbox"/> S
					<input type="checkbox"/> Su
If hired, what date can you start work?			Have you previously worked for Alpine Hills? If Yes, When?		

Education, Training, and Experience (PLEASE PRINT CLEARLY)

High School Name and Address:	# of years completed:	Did you graduate?	Degree / Certificate
College/University Name and Address:			
Vocational/Business School Name and Address:			
Special Skills or Additional Certificates:			

Employment History: *List present and past employment beginning with most recent. Complete this section even if attaching a resume.*

Employer Name:	Type of Business:	Dates of Employment: From _____ To _____
Your Position and Duties:		Supervisor Name:
Reason for Leaving:		
Employer Name:	Type of Business:	Dates of Employment: From _____ To _____
Your Position and Duties:		Supervisor Name:
Reason for Leaving:		
Employer Name:	Type of Business:	Dates of Employment: From _____ To _____
Your Position and Duties:		Supervisor Name:
Reason for Leaving:		

References *(List below three persons not related to you, who have knowledge of your work performance within the last 3 years)*

Name:	Phone:	Email:
Relationship to Applicant:		# of Years Acquainted:
Name:	Phone:	Email:
Relationship to Applicant:		# of Years Acquainted:
Name:	Phone:	Email:
Relationship to Applicant:		# of Years Acquainted:

Please read and initial each paragraph, and sign below:

_____ I hereby certify that I have not knowingly withheld any information that might be adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact(s) on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate termination if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Alpine Hills Inc. to thoroughly investigate my references, work record, education, criminal background and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Alpine Hills Inc. any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure (s). In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation of disclosure(s).

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Alpine Hills Inc. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period of time and may be terminated at any time, with or without cause or prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on Alpine Hills Inc. unless made in writing and signed by me and the company's designated representative.

_____ I understand that no manager or representative of the organization, other than the General Manager of the organization in a specific written contract signed by both parties, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

_____ I also agree to conform to the Club's policies and acknowledge that these policies may be changed by Club, at any time for any reason, with or without notice.

_____ I understand that, as this organization deems necessary, if employed, I may be required to work overtime hours or hours outside a normally defined work day or work week. The work week is Sunday through Saturday. I understand that I am required to work a minimum of two to three summer holidays (Memorial Day, 4th of July, and Labor Day).

_____ I am in agreement with the Club's policy of hiring and promoting on the basis of individual ability without regard to race, religion, sex, national origin, age, handicap, veteran status or other category or classification protected by applicable law.

Applicant Signature

Date