An Equal Opportunity Employer. All Applicants are considered for employment without regard to race, color, sex, age, religion, national origin, disability or military veteran status or any other category protected by federal, state and local laws.

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS TO APPLICANT: IN ORDER TO PREVENT A DELAY IN PROCESSING THIS APPLICATION, PLEASE BE SURE TO SIGN AND DATE THIS FORM AND THAT YOU HAVE ANSWERED EACH QUESTION CLEARLY AND COMPLETELY. THE WAY IN WHICH YOU COMPLETE THIS FORM WILL HAVE BEARING ON THE CONSIDERATION IT RECEIVES.

Please type or print clearly in ink. You must complete and sign your own application.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF APPLICATION:
OTHER NAME(S) USED:	HOME TELEPHONE #:		OTHER PHONE #:
HOME ADDRESS (STREET):	CITY, STATE, ZIP CODE:		E-MAIL ADDRESS:

I understand that if I am hired, my employment with the company is contingent upon satisfactory proof of my authorization to work in the United States:	**Please initial:**	
Are you over 18 years of age?	☐ YES ☐ NO	
If hired, would you be willing to perform other jobs as needed?	☐ YES ☐ NO	
If applying for a position that involves driving, do you possess a valid Drivers' License?	☐ YES ☐ NO	Class: _____
Have you ever interviewed with the Company before?	☐ YES ☐ NO	If yes, please list:
Have you ever been employed by the Company before?	☐ YES ☐ NO	If yes, please list:
Do you have any relatives employed by the Company?	☐ YES ☐ NO	If yes, please list:
Have you ever been convicted of a crime by a civilian or military court (other than minor traffic violations)?	☐ YES ☐ NO	*(NOTE: An applicant is not obligated to disclose sealed or expunged records of convictions or arrest.)*

If yes, please provide details: *Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.*

GENERAL INFORMATION

POSITION(S) APPLIED FOR (LIST ALL):		REFERRED TO BY (LIST ORGANIZATION OR EMPLOYEE):
TYPE OF EMPLOYMENT DESIRED: ☐ FULL TIME ☐ PART TIME ☐ SEASONAL ☐ ON-CALL	DATE YOU CAN START:	LIST DAYS/TIMES YOU ARE AVAILABLE (SCHEDULE PREFERRED):
	CAN YOU WORK WEEKENDS? ☐ YES ☐ NO	LIST ANY COMPUTER PROGRAMS YOU ARE FAMILIAR WITH:
LIST ANY SKILLS YOU POSSESS OR MACHINES/EQUIPMENT YOU CAN OPERATE:		

EDUCATION INFORMATION

	HIGH SCHOOL	COLLEGE/UNIVERSITY/TRADE	GRADUATE/PROFESSIONAL
INSTITUTION NAME & LOCATION:			
YEARS COMPLETED (CIRCLE):	9 10 11 12	1 2 3 4	1 2 3 4
DATE OF DIPLOMA/DEGREE:			
SUBJECTS-MAJOR/SCHOLASTIC HONORS/ACTIVITIES:			

PERSONAL / PROFESSIONAL REFERENCES

NOTE: Provide names of **three** (3) persons not related to you who are qualified to evaluate your capabilities. Do not list relatives, former employers or employees of this company. Each section MUST be answered completely or the entire application may be rejected. Incorrect telephone numbers may also disqualify this application.

FIRST AND LAST NAME	CITY/STATE	TELEPHONE (W/ AREA CODE)	YRS KNOWN	OCCUPATION	RELATIONSHIP

NOTICE TO APPLICANTS: Screening tests for alcohol and illegal drug use may be required before hiring and during your employment.

NOTE: This section MUST be completed regardless of whether or not you submit a resume.

EMPLOYMENT HISTORY

Current / Most Recent Position

NAME OF COMPANY:	ADDRESS (CITY/STATE):	TELEPHONE:	YOUR TITLE/POSITION:
JOB DUTIES: *(Place additional information on separate sheet or attach resume'.)*		NAME OF SUPERVISOR:	TITLE OF SUPERVISOR:

DATE HIRED (MM/YY):	DATE OF TERM:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:	MAY WE CONTACT:
					☐ YES ☐ NO

Previous Position

NAME OF COMPANY:	ADDRESS (CITY/STATE):	TELEPHONE:	YOUR TITLE/POSITION:
JOB DUTIES: *(Place additional information on separate sheet or attach resume'.)*		NAME OF SUPERVISOR:	TITLE OF SUPERVISOR:

DATE HIRED (MM/YY):	DATE OF TERM:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:	MAY WE CONTACT:
					☐ YES ☐ NO

Next Previous Position

NAME OF COMPANY:	ADDRESS (CITY/STATE):	TELEPHONE:	YOUR TITLE/POSITION:
JOB DUTIES: *(Place additional information on separate sheet or attach resume'.)*		NAME OF SUPERVISOR:	TITLE OF SUPERVISOR:

DATE HIRED (MM/YY):	DATE OF TERM:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:	MAY WE CONTACT:
					☐ YES ☐ NO

Next Previous Position

NAME OF COMPANY:	ADDRESS (CITY/STATE):	TELEPHONE:	YOUR TITLE/POSITION:
JOB DUTIES: *(Place additional information on separate sheet or attach resume'.)*		NAME OF SUPERVISOR:	TITLE OF SUPERVISOR:

DATE HIRED (MM/YY):	DATE OF TERM:	STARTING PAY RATE:	ENDING PAY RATE:	REASON FOR LEAVING:	MAY WE CONTACT:
					☐ YES ☐ NO

List any additional work experience, education, skills, information, licenses, certifications, special study or research work related to the position applied:

IMPORTANT: READ CAREFULLY

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

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) cancel further consideration of this application and (ii) immediately discharge me from the employer's service whenever discovered.

I understand that completion of this application does not indicate that there are any positions open and does not in any way obligate this company to hire me or offer me a job.

I understand that Treetops Resort is an equal opportunity employer and selects individuals that are best matched for the job based upon job related qualifications regardless of race, color, religion, sex, national origin, age, disability, or any other classification protected under state or federal law.

I understand that in the processing of my application, an investigation may be made whereby information is obtained from former employers and references. Permission is hereby granted to any school, person, firm, or corporation, whether my former employer or otherwise, to give Treetops Resort information that may be required to arrive at an employment decision, and hereby release Treetops Resort, its officers, employees, representatives, or agents from any and all liability and/or damages incurred by myself in obtaining such information.

I understand that employment and compensation can be terminated, with or without cause or notice any time, at the option of either Treetops Resort or myself, and that no manager or supervisor has the authority to enter into an employment agreement for any specified period of time or to make an agreement contrary to the foregoing.

I understand that Treetops Resort reserves the right to use any method of investigation which, at its sole discretion, it deems reasonable and necessary to determine whether any employee has engaged in conduct warranting disciplinary action, including, but not limited to a search of any property of mine on the Resort's premises. As a condition of continued employment, if hired, I agree to cooperate in any such investigations.

I understand that if hired, my continued employment is predicated upon truthfulness and accuracy of the statements contained herein, and that I am subject to termination if any statement in this application is false or misleading. If hired, I agree to conform to the rules and regulations of Treetops Resort as issued from time to time and that only those rules and regulations which are in effect apply to my continued employment with the Resort. I understand this application will remain active for 90 days and if I have not been hired by that date, I must renew my application to be considered for future employment.

I HEREBY STATE THAT ALL FACTS GIVEN ARE CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND ANY MISREPRESENTATION OR OMISSION ON MY PART IS CAUSE FOR REJECTION OR TERMINATION.

APPLICATION VERIFICATION

SIGNATURE OF APPLICANT:	PRINTED NAME OF APPLICANT:	DATE OF SIGNATURE: