

Conley Bottom Resort

Employment Application



Date of Application: _____

Personal Information:

Name: _____
Last First Middle Maiden

Address: _____
Street City State Zip

DOB: _____ Social Security #: _____ - _____ - _____ Primary Phone: _____

Employment Information:

Position Applied For: _____ Salary/Wage Desired: _____

Qualifications for this position: _____

Do you have transportation?: yes or no Have you applied at Conley Bottom before?: yes or no

Can you work: (Applicants must be willing to work weekends and varying shifts throughout the entire season.)
___ full time ___ part time ___ nights ___ weekends ___ overtime ___ more than 8 hrs/day

Are you on layoff and subject to recall?: yes or no

Have you ever received benefits from extended periods of unemployment?: yes or no; If so, when?: _____
(We are required by law to inform the Human Resource Cabinet of anyone drawing benefits.)

Have you ever received workman's compensation or disability benefits from an employer?: yes or no
If so, when?: _____

Do you have any physical conditions which may limit your ability to perform the job for which you have applied? yes or no; If so, please explain: _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors, which has no been annulled, expunged, or sealed by a court? yes or no; If yes, please explain: _____
(A conviction does not necessarily disqualify an applicant from employment.)

Employment and Education History:

Work History: (start with most current, most relevant)

Name	Dates Employed	Position	Salary/Wage	Reason for Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Education:

Name of School

Last Year Attended

Did you graduate?

Grade School

High School

College

Trade/Business or Correspondence School

Graduate School

References: (names of persons whom you have known for at least one year and you are not related)

Military Service Record:

Branch of Service: _____

Dates of Service: _____

Any current military obligations?: yes or no

Were you honorably discharged?: yes or no

General Information:

Can you swim?: yes or no

Do you smoke?: yes or no

State the name of any friends or relatives working for Conley Bottom (other than your spouse):

Emergency Contact:

Name: _____

Phone: _____

Relationship: _____

Application Acknowledgement:

I hereby certify that the information contained herein is complete and true to the best of my ability. I further understand that any information that has been misrepresented, misconstrued, or falsified in any manner may be grounds for my immediate and unconditional dismissal. I also understand that employment with the Conley Bottom is by need only and there is no contractual obligation by myself or Conley Bottom to continue my employment further than an as needed basis.

Signature: _____