

EMPLOYMENT APPLICATION

(Please check appropriate boxes. Application is to be completed in black or blue ink only.)

No one does fun like The Camel!



Full Time Year Round Seasonal

Personal Information

Name (First and Middle Initial)	Last Name	Application Date
Street/Mailing Address	City	State
	Zip Code	
Email Address <i>(Must be active and viewed on a regular basis)</i>	Primary Phone Number	Alternate Phone Number
Are you legally eligible to work in the United States? <i>(Proof of eligibility will be required upon offer of employment)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "NO", can you supply valid working papers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you possess a valid driver's license? <i>(This question applies to positions that require the driving of a company vehicle)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have reliable transportation to get to work?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of or plead guilty to a felony or misdemeanor? <i>(You will not be automatically disqualified for employment because of the existence of a criminal record.)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", provide explanation: _____		

Education

Type of Education	Name and Location of School	Major or Course of Study	Diploma, Degree, or Grade Level Completed	Year Completed
High School				
College				
Business, Trade, Other				

Job Preference and Schedule Availability

Have you ever been employed by Camelback Mountain Resort?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES", provide employment date(s) and position(s): _____	
Please list the position(s) you are interested in applying for:	
First Choice _____	Second Choice _____
Third Choice _____	
Please provide your availability below: <i>(Please note: weekend and holiday availability is required)</i>	
Days: <input type="checkbox"/> SUNDAY <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY	
Hours: <input type="checkbox"/> MORNING SHIFT <input type="checkbox"/> AFTERNOON SHIFT <input type="checkbox"/> EVENING SHIFT <i>or List Specific Hours:</i> _____	
Do you require any time off for academic or personal reasons? <i>(i.e. college orientation, summer camp, vacation, etc.)</i>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", provide explanation and date(s): _____	
Have you completed the Pocono Promise?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES", list the organization you completed it with: _____	

Human Resources Only			
Date received:	Response / date:	2 nd forward / date:	Hire date:
Received by:	1 st forward / date :	3 rd forward / date:	Hire department:

Employment History and Skill Expertise

Is this your first job? (If "NO", list employment history below starting with current or most recent employer) YES NO

Company Name	Are you still with this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Company Address	If "NO", provide reason: _____
Job Title or Position Held	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Supervisor's Name	Start Date: _____ End Date: _____
Phone Number (and supervisor's extension if known)	Salary or Hourly Rate: _____

Provide a brief description of any special skills used to perform the job and/or job duties

Company Name	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Company Address	Start Date: _____ End Date: _____
Job Title or Position Held	Salary or Hourly Rate: _____
Supervisor's Name	Phone Number (and supervisor's extension if known)

Provide a brief description of any special skills used to perform the job and/or job duties

Company Name	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Company Address	Start Date: _____ End Date: _____
Job Title or Position Held	Salary or Hourly Rate: _____
Supervisor's Name	Phone Number (and supervisor's extension if known)

Provide a brief description of any special skills used to perform the job and/or job duties

References

Please provide the names and contact information of three people not related to you, and whom you have know at least 1 year:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Years Known</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

How did you hear about employment with Camelback? TV NEWSPAPER INTERNET RADIO RELATIVE
 OTHER, please list: _____

Equal Opportunity Employment and Applicant Certification

We consider applicants for all positions regardless of race, color, religion, gender, national origin, age, marital or veteran's status, disability, medical condition or handicap, or any other legally protected status.

I certify the information contained in this application are true and complete to best of my knowledge and understand that if employed, falsified statements on this application or intentionally omitted, shall be grounds for termination. I authorize investigation of all my 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 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 prior notice.

Signature: _____ Date: _____