

CLEAR LAKE RESORT SERVICES, LLC.

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

*To be considered for employment, all job application fields must be filled out.

PERSONAL

FIRST NAME _____ LAST NAME _____ MIDDLE _____	HIRING DATE _____
STREET ADDRESS _____	STATION _____
CITY, STATE, ZIP _____	HOME PHONE () _____
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: MONTH AND YEAR _____ LOCATION _____	SOCIAL SECURITY # _____
POSITION DESIRED _____	DATE OF BIRTH (MM/DD/YY) _____
APART FROM ABSENCE OF RELIGIOUS OBSERVANCE, ARE YOU AVAILABLE FOR FULL-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT HOURS CAN YOU WORK? _____	GENDER M <input type="checkbox"/> F <input type="checkbox"/> OTHER <input type="checkbox"/>
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE REQUIRED	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC.) _____	PAY EXPECTED _____
	NO. OF DEPENDENTS: _____

EDUCATION

SCHOOL	NAME & LOCATION	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
GRADUATE				YES <input type="checkbox"/> NO <input type="checkbox"/>	
COLLEGE				YES <input type="checkbox"/> NO <input type="checkbox"/>	
BUSINESS, TRADE, OR TECHNICAL				YES <input type="checkbox"/> NO <input type="checkbox"/>	
HIGH SCHOOL				YES <input type="checkbox"/> NO <input type="checkbox"/>	
ELEMENTARY				YES <input type="checkbox"/> NO <input type="checkbox"/>	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(exclude those which may disclose your race, color, religion or national Origin)

EMPLOYMENT

Please give accurate complete full time and part time employment record starting with your present or most recent employer.

1	COMPANY NAME _____	TELEPHONE (_____)
	ADDRESS _____	EMPLOYED - (STATE MONTH AND YEAR) FROM _____ TO _____
	NAME OF SUPERVISOR _____	WEEKLY PAY START _____ LAST _____
	STATE JOB TITLE AND DESCRIBE YOUR WORK _____	REASON FOR LEAVING _____

2	COMPANY NAME _____	TELEPHONE (_____)
	ADDRESS _____	EMPLOYED - (STATE MONTH AND YEAR) FROM _____ TO _____
	NAME OF SUPERVISOR _____	WEEKLY PAY START _____ LAST _____
	STATE JOB TITLE AND DESCRIBE YOUR WORK _____	REASON FOR LEAVING _____

3	COMPANY NAME _____	TELEPHONE (_____)
	ADDRESS _____	EMPLOYED - (STATE MONTH AND YEAR) FROM _____ TO _____
	NAME OF SUPERVISOR _____	WEEKLY PAY START _____ LAST _____
	STATE JOB TITLE AND DESCRIBE YOUR WORK _____	REASON FOR LEAVING _____

4	COMPANY NAME _____	TELEPHONE (_____)
	ADDRESS _____	EMPLOYED - (STATE MONTH AND YEAR) FROM _____ TO _____
	NAME OF SUPERVISOR _____	WEEKLY PAY START _____ LAST _____
	STATE JOB TITLE AND DESCRIBE YOUR WORK _____	REASON FOR LEAVING _____

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT	DO NOT CONTACT	
	EMPLOYER NUMBER(S)	REASON

MILITARY	DID YOU SERVE IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" IN WHAT BRANCH? _____
-----------------	--	--------------------------------

DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING.
