



Application For Employment

2700 W 30th Ave.
Emporia, KS 66801
(620) 343-9285

Please PRINT clearly and answer ALL questions.

We consider applicants for all positions without regard to race, religion, creed, national origin, color, gender, age, disability, marital status, veteran status, or any other legally protected status.

Personal Information

Date: _____

Applicant Name: _____
(Last) (First) (Middle)

Other names you have used: _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____
(Please provide a contact number)

Cell Number (if applicable): _____

Social Security Number: _____

Position(s) you are applying for: _____

Full Time _____ Part Time _____

Shifts you are available to work: _____ Day _____ Evening _____ Night

When can you start? _____

Pay expected: _____

Have you ever been employed by Holiday Resort or any of its affiliates? Yes ___ No ___
If yes, give dates of employment _____
Reason for separation? _____

Have you ever been employed by Holiday Resort or any of its affiliates under a different name?
Yes ___ No ___ If yes, please give name _____

Have you ever been convicted of a felony? Yes ___ No ___
If yes, explain. (A conviction will not necessarily bar you from employment)

In an emergency notify: _____
Address: _____ Phone: _____

Are you at least 16 years of age: Yes ___ No ___

Have you ever been discharged from a job? Yes ___ No ___
If yes, explain. _____

Do you have any relatives employed by Holiday Resort? Yes ___ No ___
If yes, please state name(s): _____

Do you have the legal right to work in the United States? Yes ___ No ___

Employment History

Please give accurate and complete employment information including both full and part time employment. Start with your most recent employment.

Company Name: _____ Telephone: _____
Address: _____ City: _____ State: _____
Name of supervisor: _____
Employment dates: From _____ To _____ Hourly Pay: Start _____ End _____
State job title and describe your work. _____

Reason for leaving: _____

Company Name: _____ Telephone: _____
Address: _____ City: _____ State: _____
Name of supervisor: _____
Employment dates: From _____ To _____ Hourly Pay: Start _____ End _____
State job title and describe your work. _____

Reason for leaving: _____

Company Name: _____ Telephone: _____
Address: _____ City: _____ State: _____
Name of supervisor: _____
Employment dates: From _____ To _____ Hourly Pay: Start _____ End _____
State job title and describe your work. _____

Reason for leaving: _____

Company Name: _____ Telephone: _____
Address: _____ City: _____ State: _____
Name of supervisor: _____
Employment dates: From _____ To _____ Hourly Pay: Start _____ End _____
State job title and describe your work. _____

Reason for leaving: _____

May we contact your current employer? Yes _____ No _____

Educational Background

High School

Name and Location: _____

Course of Study: _____ Did you graduate? Yes _____ No _____

Degree? _____

College

Name and Location: _____

Course of Study: _____ Did you graduate? Yes _____ No _____

Degree? _____

Graduate School

Name and Location: _____

Course of Study: _____ Did you graduate? Yes _____ No _____

Degree? _____

Professional, Vocational, Technical, Business

Name and Location: _____

Course of Study: _____ Did you graduate? Yes _____ No _____

Degree? _____

Other

Name and Location: _____

Course of Study: _____ Did you graduate? Yes _____ No _____

Degree? _____

Please list any special skills or training (languages, machine operation, etc.)

Professional Registration or Licensure

Type: _____ State: _____

License Number: _____ Expiration Date: _____

References

Please list three references. DO NOT use previous employers or relatives.

Name: _____ Address: _____

Phone: _____ Relationship: _____

Occupation: _____ Organization: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Occupation: _____ Organization: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Occupation: _____ Organization: _____

Consent and Release

I understand and agree that if I am offered employment by Holiday Resort, my employment will be for no definite term and that either I or Holiday Resort will have the right to end the employment relationship at any time with or without cause and with or without notice.

The facts set forth in my application for employment are true and complete. I understand that false statements or omissions on this application will be sufficient cause for nonconsideration for employment or dismissal after employment. I also recognize that my employment is based on receipt of satisfactory information from former employers and references. I authorize the administration of this institution to investigate without liability the information supplied by me in this application for employment including academic, occupational, health, police and governmental records. I understand and agree that the terms, conditions compensations, benefits, hours, schedule and duration of my employment may be determined, changed, or modified from time to time at the will of my employer without limitation or condition.

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorized the Registrar or Placement Office of all educational institutions attended to release an official copy of my transcript and if available faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I further certify that I have read the above paragraphs and knowingly make this authorization by signing below.

Signature: _____ Date: _____

Your application for employment will be retained for 1 year. If you wish to be considered for positions following this time you must reapply for employment.

(Intentionally left blank)

Equal Employment Opportunity Questionnaire

Thank you for your interest in Holiday Resort. In order to comply with federal data collection guidelines we are asking all applicants to fill out the following survey. The following Equal Employment Opportunity data will assist us in compiling accurate data about our applicants. This survey will be separated from your application and will in NO WAY affect you as an applicant. Additionally, only authorized personnel will have access to this information for research and evaluation purposes.

Position applying for: _____

How did you learn about this position? _____ Newspaper Ad
_____ School
_____ Internet
_____ Current Employee _____
(Employee Name)

Please place a check in the appropriate blanks

Veteran Status

Are you a veteran? Yes _____ No _____

Age

Date of Birth _____

Sex

Male _____ Female _____

Ethnic Origin

_____ Asian

_____ Pacific Islander

_____ American Indian or Alaskan Native

_____ Black

_____ Hispanic

_____ White

Thank you for your cooperation in providing this information.