

Application for Employment

Name (Last)	First	Middle	Social Security Number
Present Street Address	City/State	ZIP	Phone Number

Are you a citizen of the United States or do you have a legal right to work in the united states? Yes No

Positional Applying for: Seasonal Full-Time

In the past 5 years, have you been convicted of a felony relating to theft or dishonesty of an kind? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when?	Where?
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If yes, nature and disposition of conviction?

Have you previously applied for employment with Arrowpoint Campground? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?
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Are you related to any associate employed by <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate name, relationship:
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Date available for employment?	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18 years of age, applicant will be required to submit a work certificate as required by state and Federal Law.
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How did you hear about us? Newspaper Social Media Arrowpoint Campground Other _____

Name and address of last school attended	Dates Attended		Graduated		Degree Date	Major
	From	To	Yes	No		

Are you presently Enrolled in School? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, give name and address of school:	<input type="checkbox"/> Day <input type="checkbox"/> Night
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List an other education, accomplishments or special interests:

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Total hours per week available for work:	How far do you live from the campground?
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References

Name/Occupation	Address	Phone

Employment History (List all present and past employment with the most recent)		
Company Name and Address:		Immediate Supervisor:
Phone:	Pay rate at time of employment:	Dates of employment:
Reason for Leaving: (If applicable)	Job Title:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name and Address:		Immediate Supervisor:
Phone:	Pay rate at time of employment:	Dates of employment:
Reason for Leaving: (If applicable)	Job Title:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Company Name and Address:		Immediate Supervisor:
Phone:	Pay rate at time of employment:	Dates of employment:
Reason for Leaving: (If applicable)	Job Title:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration (Carefully read and initial each section then sign at bottom)	
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<p>I certify that the answers given herein are true and complete to the best of my knowledge, and I authorize an investigation of all statements contained in this application, with the exception of containing my present employer if I have so requested. I have read, understood and agree to the above statement.</p>	(Please initial here):
<p>I understand that my continued employment will depend upon the successful completion of work assigned to me during a new hire period of up to ninety (90) days and upon my continued successful performance. I have read, understand and agree to the above statements.</p>	(Please initial here):
<p>I understand and acknowledge that unless otherwise defined by applicable law or written agreement with Arrowpoint Campground, any employment is considered "employment at will", which means the employee may resign at any time and the employer may discharge the employee at any time, with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically executed by the Owners/Managers of Arrowpoint Campground. I have read, understood and agree to the above statement.</p>	(Please initial here):
<p>If I should be employed by Arrowpoint Campground, I understand that any false, incomplete, or misleading information given on this application or during an interview shall result in immediate discharge. I have read, understood and agree to the above statement.</p>	(Please initial here):
<p>I authorize the references listed above to give representatives of Arrowpoint Campground any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from any and all liability from any damage that may result. I have read, understood and agree to the above statement.</p>	(Please initial here):

Signature:	Date:
E-Mail:	