

**POINT ROBERTS RESORT LP
APPLICATION FOR SEASONAL EMPLOYMENT**

Point Roberts Resort LP is an Equal Opportunity Employer and we provide equal opportunity to all employees and applicants for employment regardless of race, national origin, gender, religion, sexual orientation, age, disability, or any other legally protected status.

**Please print the application and complete all requested information in black ink. Return the completed application via mail or fax.
Fax: 360-945-0927 or Point Roberts Resort LP, 713 Simundson Drive, Point Roberts, WA 98281.**

Application Date: _____ / _____ / _____

GENERAL INFORMATION

Name: _____ Social Security Number: _____ - _____ - _____
 Street Address: _____ Position Desired: _____
 City: _____ State: _____ Zip: _____ Date Available to Start: _____ / _____ / _____
 Home Phone: (_____) _____ Work Phone: (_____) _____

Have you ever applied for employment or been employed with POINT ROBERTS RESORT LP? Yes / No
 If yes, please state the month and year, and the reason for leaving:

Do you have relatives currently employed with POINT ROBERTS RESORT LP? Yes / No
 If yes, please provide their names and position:

Have you been convicted of a felony crime or theft related misdemeanor within the last 5 years? Yes / No
 If yes, please state details:

PLEASE NOTE: A prior conviction will not necessarily disqualify you from employment.

Are you under the age of 18? Yes / No

If you are under the age of 18, you will be required to submit a minor work permit.

If employment is offered, can you submit verification of your legal right to work in the U.S? Yes / No

Under the Immigration Reform and Control Act of 1986, an employer is required to employ only U.S. citizens and lawfully authorized alien workers. Applicants who are selected for employment will be required to show and verify authorization to work in the United States.

AVAILABILITY TO WORK

Please indicate the hours you are available to work during both day and evening

SUN	MON	TUE	WED	THUR	FRI	SAT

EDUCATION AND TRAINING

	Name of School	City, State	Years Completed	Areas of Study
High School				
College				
Additional Training				

WORK EXPERIENCE

List your previous employers, starting with your most recent position.

Employer: _____ Employed From: ___/___/___ To: ___/___/___

Address: _____ Position: _____

City, State, Zip: _____ Phone: (____) _____

Supervisor's Name: _____ May we contact this Employer? Yes / No

Duties/Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Employed From: ___/___/___ To: ___/___/___

Address: _____ Position: _____

City, State, Zip: _____ Phone: (____) _____

Supervisor's Name: _____ May we contact this Employer? Yes / No

Duties/Responsibilities: _____

Reason for Leaving: _____

Employer: _____ Employed From: ___/___/___ To: ___/___/___

Address: _____ Position: _____

City, State, Zip: _____ Phone: (____) _____

Supervisor's Name: _____ May we contact this Employer? Yes / No

Duties/Responsibilities: _____

Reason for Leaving: _____

REFERENCES

Please list the names of 3 persons not related to you whom you have known for at least one year.

Name	City, State	Phone	Relationship/Length

APPLICANT'S STATEMENT/AUTHORIZATION

I hereby certify that all of the information supplied in this application is a true and complete statement of the facts, and if employed, any false statement or omission could result in immediate dismissal. I agree to follow the rules and regulations of Point Roberts Resort LP. I understand and agree that my employment is at-will, meaning that I may be terminated at any time, with or without cause and with or without notice, at the option of either the company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I authorize you to contact all of my previous employers and references for information regarding my employment and character, and release them from any and all liability for the information they provide.

I understand that I will be provided a separate disclosure and authorization form, if the Employer elects to obtain consumer reports, including but not limited to criminal, income and work history reports, for employment purposes under the federal Fair Credit Reporting Act.

I understand that I may be asked to sign a separate authorization form prior to any testing for the current illegal use of drugs.

Signature: _____

Date: _____