

Mountain Air

APPLICATION FOR EMPLOYMENT

To Applicant: If you need assistance in completing this application, please let us know. We deeply appreciate your interest in our organization and ensure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in considering you for the position that best matches your qualifications. Therefore, we encourage you to be as complete and as specific as possible. In this application, we are sometimes referred to as the Company. The Company will not discriminate against any employee or applicant for employment because of race, sex, color, religion, national origin, age or disabilities or status as disabled or Vietnam-era Veteran, or any other characteristic protected by law when the individual is otherwise qualified. PLEASE PRINT PLAINLY. This application will remain active for forty-five (45) days.

Name:	Email:				
Home Phone:	Cell Phone:				
Present Address					
City:	State/Zip:				
Are you legally eligible for employment in the United States?					
If hired, can you furnish proof?					
Position(s) you are primarily interested in.					
1	Rate of pay expected \$	per hour, week, month			
2	Rate of pay expected \$	per hour, week, month			
<input type="checkbox"/> Check all that apply	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Seasonal Full-time	<input type="checkbox"/> Seasonal Part-time	<input type="checkbox"/> On-call
Were you previously employed by us?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes, when, and where?					
If hired, on what date will you be able to start?					
What hours and days of the week would you be available for work?					
Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, are you 16 years or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have reliable transportation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record, Start with present or most recent employer. Insert additional sheets if necessary. Show unemployed or self-employed periods, indicate dates of each and explain. All time must accurately and truthfully be accounted for. DO NOT PUT SEE RESUME. YOU NEED NOT EXPLAIN ANY GAPS IN EMPLOYMENT RELATED TO A DISABILITY OR REHABILITATION.

Company Name	Telephone
Address	Employed (Month and Year)
Name and Title of Supervisor	From <input type="text"/> To <input type="text"/>
Job Title and Describe the Work You Did	Weekly Pay
	Start <input type="text"/> Last <input type="text"/>
	Reason for Leaving

Company Name	Telephone
Address	Employed (Month and Year)
Name and Title of Supervisor	From <input type="text"/> To <input type="text"/>
Job Title and Describe the Work You Did	Weekly Pay
	Start <input type="text"/> Last <input type="text"/>
	Reason for Leaving

Company Name	Telephone
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Company Name	Telephone
Address	Employed (Month and Year)
Name and Title of Supervisor	From <input type="text"/> To <input type="text"/>
Job Title and Describe the Work You Did	Weekly Pay
	Start <input type="text"/> Last <input type="text"/>
	Reason for Leaving

EDUCATION

School Name & Location	Years Completed (Circle)	Diploma Degree	Course of Study or Major	Specialized Training Skills Extracurricular Activities
Elementary				
High School				
College/University				
Other (Specify)				

JOB SKILLS

Indicate job skills you have acquired and equipment you can operate which pertains to the job for which you are applying. Include amount of experience.

List current professional licenses and certificates.

If required in the job for which you are applying, do you have a valid driver's license?

Yes

No

Can you furnish proof?

Yes

No

TO THE APPLICANT

Have you ever been asked to resign?

Yes

No

If yes, explain in full:

Have you ever been convicted of or pleaded guilty or no contest or had adjudication withheld in connection with a felony or misdemeanor? (Including DUI/DWI)

Yes

No

On Probation?

Yes

No

Criminal charges pending?

Yes

No

If yes, please describe in full (including dates). NOTE: Convictions or guilty pleas or withheld adjudications are not automatic bar to employment. All circumstances will be considered.

Have you ever had shortages or misunderstandings about merchandise or funds at a place of employment?

Yes

No

If yes, explain in full.

IMPORTANT TO READ CAREFULLY AND SIGN

1. I certify that the information contained in this application is correct and I have not omitted any information. I understand that the falsification or omission of information may result in immediate dismissal.
2. I understand and agree that in processing my employment application, the company may request that an investigative consumer credit report will be prepared, which may include information as to my character, general reputation, police records, personal characteristics, driver's license record, and mode of living. I understand and agree that the company may check my criminal history at any time, either before or after I am employed.
3. I authorize the references and my prior employers listed above to provide my record, reason for leaving, and all other information that they may have concerning me and I release all parties from liability or claims for damage whatsoever that may result there from.
4. I hereby understand and acknowledge that, unless otherwise required by applicable law, any employment relationship with this unorganization is of an "at will" nature, which means that I may resign at anytime and the company may discharge me at anytime with or without cause. It is further understood that this "at will" employment relationship may be changed by any written document or by conduct unless such charge is specifically acknowledged in writing by an authorized executive of this organization.
5. If hired, I agree to abide by and conform to the rules and regulations of the Company.
6. This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. I understand that if I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted at that time.

Print Name

Date

Signature

IMPORTANT TO READ CAREFULLY AND SIGN

How did you hear about this job opportunity?

Newspaper (Name of Paper)

Friend or Family Member (If employed by Mountain Air, please give name.)

Other

EMPLOYMENT REFERENCE CHECK

Please list three references who are not related to you that we may contact in order to be considered for employment.

1.

Name:

Relationship:

Number of Years
Known:

Phone Number:

2.

Name:

Relationship:

Number of Years
Known:

Phone Number:

3.

Name:

Relationship:

Number of Years
Known:

Phone Number:

NOTICE AND ACKNOWLEDGEMENT

(IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT)

NOTICE REGARDING BACKGROUND INVESTIGATION

MOUNTAIN AIR COUNTRY CLUB, INC. (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Aurico Reports Inc., 116 W. Eastman St., Suite 101, Arlington Heights, Illinois, 60004, (866) 255-1852, www.aurico.com or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and ARTICLE 23-A OF THE NEW YORK CORRECTIONS LAW and certify that I have read and understand all three of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Aurico Reports Inc., 116 W. Eastman St., Suite 101, Arlington Heights, Illinois, 60004, (866) 255-1852, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

PLEASE PRINT NEATLY AND MAKE SURE THE PRINTING IS LEGIBLE

Printed Name:					
	Name	Middle	Last		
Maiden Name:		Date Changed:			
Other last names used:					
	name	date changed	name	date changed	
Other last names used:					
	name	date changed	name	date changed	
Signature:		Date:			
List all cities and states where you have lived for the past 7 years - Attach additional sheet if necessary					
Street	City	County	State	ZIP	How Long?
Current:					
2.					
3.					
4.					
Present Phone Number:		Social Security Number:			
Date of Birth* (for Identification Purpose only) (MM/DD/YYYY):					
Sex*:	Male	Female	Driver's License Number:	State:	
*This information will be used for background screening purposes only and will not be used as hiring criteria.					