

## APPLICATION FOR EMPLOYMENT

### EQUAL OPPORTUNITY EMPLOYER

TITLE OF POSITION(S) DESIRED:			
Check box <input type="checkbox"/>	Salaried-Exempt <input type="checkbox"/>	Salaried-Non-Exempt <input type="checkbox"/>	Regular-Full time <input type="checkbox"/>
	<input type="checkbox"/>	Temporary-Full time <input type="checkbox"/>	Regular-Part time <input type="checkbox"/>
		Temporary-Part time <input type="checkbox"/>	On-Call <input type="checkbox"/>

### PERSONAL INFORMATION (Print)

Name (Last)	(First)	(Middle)
Mailing Address	City	State
		Zip Code
Telephone No. (Home/Work/Cellphone)	Email Address	
It is the policy of Cliffs Club Interval Owners Association to hire only U.S. Citizens and aliens authorized to work in this country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9.)		

### EMPLOYMENT RECORD

Starting with present or most recent, please list your previous employers for the past 10 years. Including military service, self-employment, summer, and part-time jobs. Explain all gaps in employment. (Add additional page if necessary).

#### Complete all sections.

Present or Last Employer	Your Title or Position
Address	Name & Title of Last Supervisor
City, State, Zip Code	Telephone No.
Reason for Leaving	Dates Employed From (Mo/Yr) To (Mo/Yr)
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Name

Present or Last Employer	Your Title or Position
Address	Name & Title of Last Supervisor
City, State, Zip Code	Telephone No.
Reason for Leaving	Dates Employed From (Mo/Yr) To (Mo/Yr)
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Names

Present or Last Employer	Your Title or Position
Address	Name & Title of Last Supervisor
City, State, Zip Code	Telephone No.
Reason for Leaving	Dates Employed From (Mo/Yr) To (Mo/Yr)
Reason for Leaving	Contact Names

### EDUCATION

School Name	Location of School	Diploma/Degree	Years Completed (Circle)	Describe Specialized Training, Experience, Skills
<b>High School</b>	Address		9 10 11 12	
	City State Zip Code			
<b>College/University</b>	Address		1 2 3 4	
	City State Zip Code			
<b>Graduate/Professional</b>	Address		1 2 3 4	
	City State Zip Code			
<b>Other</b>	Address			
	City State Zip Code			

For Driving Jobs Only: Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License State & Number: _____ Class of License: _____
Have you ever been terminated or asked to resign from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
Are you able to perform the essential job duties required of the position for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for The Cliffs at Princeville before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what position(s) and dates? Do you know any person(s) who works at The Cliffs at Princeville? <input type="checkbox"/> Yes <input type="checkbox"/> No Names _____ Did any employee(s) at The Cliffs at Princeville refer you to apply for this position <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes Name (#1):	Position:	Contact No:
If yes Name (#2):	Position:	Contact No:
If yes Name (#3):	Position:	Contact No:

**SPECIAL SKILLS**

Please indicate any skills, special training, experiences and qualifications that you feel are relevant to the position, including operating or maintaining equipment or machines relative to the position you are applying for. If a license is required, please provide details on your license.

**REFERENCES**

Please list persons who know you well, not relatives.

Name	Occupation	Address (Street, City and State)	
Telephone No.			Numbers of years known
Name	Occupation	Address (Street, City and State)	
Telephone No.			Number of years known
Name	Occupation	Address (Street, City and State)	
Telephone No.			Number of years known

**ACKNOWLEDGEMENT AND CERTIFICATION:**

By signing below, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission made herein, when discovered, may subject me to discharge. I authorize The Cliffs at Princeville to investigate my work history, education, character, reputation, and background as it deems necessary for purposes of considering my application for employment. In exchange for The Cliffs at Princeville’s consideration of my application for employment, I hereby release The Cliffs at Princeville and all providers of information (including, but not limited to, any of my former employers, educational institutions attended, and personal references) from liability relating to or arising out of any injury by The Cliffs at Princeville regarding my work history, education, character, reputation, and background.

After an offer of employment is made, but before employment duties begin, applicants may be required to undergo a physical or medical examination, drug test and background checks at The Cliffs at Princeville’s expense and by a Company chosen physician or facility with the offer of employment conditioned on the results of such examination. Employees, at any time during the course of their employment, may be required to undergo a physical or medical, drug and background check at The Cliffs at Princeville’s expense and by a Company-chosen physician or facility. I agree to provide The Cliffs at Princeville with any authorization or release which may be required for a pre-employment medical, drug testing and background check.

**This application is not a contract of employment and cannot create a contract of employment for any specific period. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice. Only the President is authorized to modify the Company's at will employment policy or enter into any agreement contrary to this policy. Any such modification must be in writing and signed by the employee and the President.**

This application will only be considered for 30 days. I understand that if I have not been hired within 30 days of completing this application, and I still wish to be considered for employment, I must complete another application.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND THE SAME.**

APPLICANT'S SIGNATURE	PRINT NAME	DATE SIGNED

