



APPLICATION FOR EMPLOYMENT

SPM Resorts is an equal opportunity employer. We provide equal employment opportunities to all qualified applicants for employment without regard to race, color, religion, national origin, gender, sexual orientation, age, marital status, physical or mental disability, or veteran status. Selection decisions are based on job-related factors only and all qualified applicants will be given equal consideration. SPM's strength lies in the diversity of its people and the ways in which they contribute to the success and mission of the organization. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Today's Date: _____ Date available for work: _____

Location / Resort applied to: _____

PERSONAL INFORMATION:

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone #: _____ E-mail Address: _____

In case of emergency, notify: _____
Name Address Phone

Do you have a valid motor vehicle license? _____ Has it ever been revoked? _____

If so explain _____

EMPLOYMENT DESIRED:

Position _____ Date you can start _____ Salary desired _____

Can you work full-time or part-time? _____ If part-time what days and hours _____

Are you willing to work overtime and weekends if required to? _____

How would you get to work? _____

Are you employed now? Yes ___ No ___ if so may we inquire of your present employer? Yes ___ No ___

Ever applied to this Company before? Yes ___ No ___ Where? _____ When _____

Name of relatives or friends employed in our company? _____

Are there any reasons known to you that you might be unable to perform any of the essential job duties of the position for which you are applying? _____ Yes _____ No (If yes, explain _____)

BACKGROUND INFORMATION:

Have you ever been convicted of a felony? Yes _____ No _____ If yes, explain in detail: _____

A "Yes" answer to a felony conviction will not automatically disqualify you for consideration of employment.

EDUCATION:

	School Name & Location	Highest Grade Completed	Type of Degree or Diploma
HIGH SCHOOL			
COLLEGE			
GRADUATE			
OTHER SPECIAL TRAINING			

WORK EXPERIENCE: List below last three employers, start with last one first

Company Name _____ Immediate Supervisor _____

Complete Address _____

Street/P.O.Box *City* *State* *Zip Code*

Job Title _____ Phone _____

Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) _____ To (mm/yy) _____ Reason for leaving _____

Company Name _____ Immediate Supervisor _____

Complete Address _____

Street/P.O.Box *City* *State* *Zip Code*

Job Title _____ Phone _____

Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) _____ To (mm/yy) _____ Reason for leaving _____

Company Name _____ Immediate Supervisor _____

Complete Address _____

Street/P.O.Box *City* *State* *Zip Code*

Job Title _____ Phone _____

Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) _____ To (mm/yy) _____ Reason for leaving _____

Volunteer Work _____

Licenses, certificates, special skills, etc. _____

List References (list persons who know about your work/training/occupation & are not related to you)

	Name	Address	Occupation	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I understand that SPM Resorts, Inc. is a non-smoking company. The unlawful manufacture, distribution, possession or use of drugs or alcohol on company premises, or while conducting company business off company premises is absolutely prohibited. I understand and agree that any misrepresentation by me in this application will be cause for cancellation of this application and/or separation from my job if I have been employed. I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, THE EMPLOYER RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I understand that no representative of the employer has the authority to make any assurances to the contrary. I give the Employer the right to investigate all references and secure additional information about me, if job related. I release from liability the Employer and its representatives for seeking such information, and persons, corporation and organizations from furnishing such information. This application is current for 6 months; after that if I have not heard from the Employer and still want to be considered for employment, it will be necessary for me to fill out a new application.

Applicant Signature _____ Date _____