

CLEAR LAKE RESORT SERVICES, LLC.

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL

| | | | |
|--|------------------|--------------------------|---|
| FIRST NAME | LAST NAME | MIDDLE | HIRING DATE |
| STREET ADDRESS | | | STATION |
| CITY, STATE, ZIP | | | HOME PHONE () |
| HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: MONTH AND YEAR LOCATION | | SOCIAL SECURITY # | |
| POSITION DESIRED | | | DATE OF BIRTH (MM/DD/YY) |
| APART FROM ABSENCE OF RELIGIOUS OBSERVANCE, ARE YOU AVAILABLE FOR FULL-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT HOURS CAN YOU WORK? | | | GENDER M <input type="checkbox"/> F <input type="checkbox"/> OTHER <input type="checkbox"/> |
| ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE REQUIRED | | | MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED |
| OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC.) | | | PAY EXPECTED |
| | | | NO. OF DEPENDENTS: |

EDUCATION

| SCHOOL | NAME & LOCATION | COURSE OF STUDY | NUMBER OF YEARS COMPLETED | DID YOU GRADUATE | DEGREE OR DIPLOMA |
|--------------------------------------|-----------------|-----------------|---------------------------|---|-------------------|
| GRADUATE | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| COLLEGE | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| BUSINESS, TRADE, OR TECHNICAL | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| HIGH SCHOOL | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| ELEMENTARY | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

(exclude those which may disclose your race, color, religion or national Origin)

| |
|--|
| |
| |
| |

EMPLOYMENT

Please give accurate complete full time and part time employment record starting with your present or most recent employe

| | | |
|----------|--|--|
| 1 | COMPANY NAME _____ | TELEPHONE (_____) |
| | ADDRESS _____ | EMPLOYED - (STATE MONTH AND YEAR) FROM _____ TO _____ |
| | NAME OF SUPERVISOR _____ | WEEKLY PAY START _____ LAST _____ |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK _____ | REASON FOR LEAVING _____ |

| | | |
|----------|--|--|
| 2 | COMPANY NAME _____ | TELEPHONE (_____) |
| | ADDRESS _____ | EMPLOYED - (STATE MONTH AND YEAR) FROM _____ TO _____ |
| | NAME OF SUPERVISOR _____ | WEEKLY PAY START _____ LAST _____ |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK _____ | REASON FOR LEAVING _____ |

| | | |
|----------|--|--|
| 3 | COMPANY NAME _____ | TELEPHONE (_____) |
| | ADDRESS _____ | EMPLOYED - (STATE MONTH AND YEAR) FROM _____ TO _____ |
| | NAME OF SUPERVISOR _____ | WEEKLY PAY START _____ LAST _____ |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK _____ | REASON FOR LEAVING _____ |

| | | |
|----------|--|--|
| 4 | COMPANY NAME _____ | TELEPHONE (_____) |
| | ADDRESS _____ | EMPLOYED - (STATE MONTH AND YEAR) FROM _____ TO _____ |
| | NAME OF SUPERVISOR _____ | WEEKLY PAY START _____ LAST _____ |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK _____ | REASON FOR LEAVING _____ |

| | |
|---|---------------------------------------|
| WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT | DO NOT CONTACT |
| | EMPLOYER NUMBER(S) _____ REASON _____ |

| | | |
|-----------------|--|--------------------------------|
| MILITARY | DID YOU SERVE IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF "YES" IN WHAT BRANCH? _____ |
|-----------------|--|--------------------------------|

| |
|---|
| DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING. |
|---|