



EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
AND A DRUG FREE WORKPLACE

FOR TDA USE ONLY

PERSONAL INFORMATION

Federal and state laws prohibit discrimination of employment because of race, familial status, creed, color, national origin, sex, marital status, age, or the presence of any disability.

NAME (FIRST) _____ (MIDDLE) _____ (LAST) _____

MAILING ADDRESS (P.O. BOX/STREET) _____ (CITY) _____ (STATE) _____ (ZIP) _____

PERMANENT ADDRESS (IF DIFFERENT) _____ (CITY) _____ (STATE) _____ (ZIP) _____

HOME TELEPHONE _____ ALTERNATE TELEPHONE _____ EMAIL ADDRESS _____
() ()

HOW DID YOU HEAR ABOUT US? (PLEASE CHECK BOX AND LIST SOURCE)

NEWSPAPER _____ EMPLOYEE _____ JOB FAIR _____ INTERNET OTHER _____

EMPLOYMENT INFORMATION

AFTER EMPLOYMENT, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES NO INITIAL _____

POSITION(S)/DEPARTMENT(S) IN ORDER OF PREFERENCE: _____ DATES AVAILABLE FOR EMPLOYMENT _____ TO _____

1. _____ 2. _____ 3. _____

ARE YOU INTERESTED IN? (CHECK ALL THAT APPLY)

FULL TIME PART TIME SEASONAL TEMPORARY ON CALL

ARE YOU WILLING TO WORK? (CHECK ALL THAT APPLY)

WEEKENDS: YES NO HOLIDAYS: YES NO DAYS: YES NO NIGHTS: YES NO

EMPLOYMENT HISTORY

THIS SECTION MUST BE COMPLETED EVEN IF YOU ATTACH A RESUMÉ

LIST YOUR EMPLOYERS, STARTING WITH THE MOST RECENT. **MAY WE CONTACT YOUR PRESENT EMPLOYER?** YES NO

JOB TITLE	EMPLOYER	ADDRESS	TELEPHONE
FROM TO	SUPERVISOR'S NAME	DEPARTMENT	()
JOB DUTIES		REASON FOR LEAVING	
_____		_____	
_____		_____	
JOB TITLE	EMPLOYER	ADDRESS	TELEPHONE
FROM TO	SUPERVISOR'S NAME	DEPARTMENT	()
JOB DUTIES		REASON FOR LEAVING	
_____		_____	
_____		_____	
JOB TITLE	EMPLOYER	ADDRESS	TELEPHONE
FROM TO	SUPERVISOR'S NAME	DEPARTMENT	()
JOB DUTIES		REASON FOR LEAVING	
_____		_____	
_____		_____	
JOB TITLE	EMPLOYER	ADDRESS	TELEPHONE
FROM TO	SUPERVISOR'S NAME	DEPARTMENT	()
JOB DUTIES		REASON FOR LEAVING	
_____		_____	
_____		_____	

EDUCATION

COLLEGE/OTHER SCHOOL	LOCATION	COURSE OF STUDY	YEARS COMPLETED	DEGREE EARNED <input type="checkbox"/> YES <input type="checkbox"/> NO
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HIGH SCHOOL				GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO

SKILLS

FOR EXAMPLE, INCLUDE TRADE SKILLS (I.E. BARTENDING, CASHIERING, ELECTRICAL, ACCOUNTING, MANAGEMENT/SUPERVISORY, SKIING, GOLFING, LIFEGUARDING)

FOREIGN LANGUAGE	<input type="checkbox"/> READ <input type="checkbox"/> WRITE <input type="checkbox"/> SPEAK	PROFICIENCY
COMPUTER SKILLS		PROFICIENCY
ADDITIONAL SKILLS		PROFICIENCY

CERTIFICATIONS AND LICENSES

LICENSE TYPE	DATE ISSUED	DATE EXPIRES	ISSUING STATE/AGENCY
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OTHER PERSONAL INFORMATION

HAVE YOU EVER APPLIED AT TAHOE DONNER ASSOCIATION? YES NO YEAR _____ POSITION _____

HAVE YOU EVER BEEN EMPLOYED AT TAHOE DONNER ASSOCIATION? YES NO YEAR SEPARATED _____ POSITION _____

DO YOU MEET THE LEGAL AGE REQUIREMENTS TO HANDLE ALCOHOLIC BEVERAGES? YES NO UNDER 18 YEARS? YES NO

LIST NAME, POSITION AND RELATIONSHIP OF ANY RELATIVE EMPLOYED BY TAHOE DONNER ASSOCIATION.

IF HIRED, IN CASE OF AN EMERGENCY NOTIFY:

NAME		PHONE (DAY)
ADDRESS	CITY/STATE	PHONE (EVENING)

REFERENCES

LIST THREE NON-RELATIVES WHO ARE QUALIFIED TO JUDGE YOUR TRAINING OR CAPABILITIES THAT WE MAY CONTACT.

NAME	ADDRESS	OCCUPATION	PHONE	YEARS KNOWN
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CERTIFICATION

APPLICANT: Please read the following carefully before signing this application form and initial all statements.

I authorize Tahoe Donner Association to investigate all statements contained in this application and/or resumé supplied. I also understand that some positions require pre-employment drug testing, background checks, reference checks and other pre-employment qualifications. _____

I declare that my answers to the questions in this application are true to the best of my knowledge and belief. I understand that any false statements appearing on this or any other employment form will be sufficient reason not to hire me and if discovered after employment, will result in termination. If employed, I will abide by the existing rules of Tahoe Donner Association and will abide by such rules and regulations as may become effective while so employed. _____

I understand that my employment is "at will" which means that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the association or myself. No one other than the general manager or board of directors of the association has any authority to enter into any agreement for employment (signed writing) for any specified period of time, or to make any agreement contrary to the foregoing. I understand that the policies and procedures of the association are guidelines for the governance of employment and that the association retains ultimate and complete discretion in the application of such policies and procedures. Further I agree that after employment I will supply Tahoe Donner Association with documentation concerning my identity and authorization to work in the United States as required by The Immigration Reform and Control Act of 1986. _____

SIGNATURE _____ DATE _____