

# CLIFFS CLUB Interval Owners Association

## APPLICATION FOR EMPLOYMENT

**EQUAL OPPORTUNITY EMPLOYER**

POSITION(S) DESIRED

Salaried-Exempt  Salaried-Non-Exempt  Regular-Full time  Regular-Part time  On-Call

**PERSONAL INFORMATION (Print)**

Name (Last)	(First)	(Middle)	
Home Address	City	State	Zip Code
How long have you lived there?			
Previous Home Address	City	State	Zip Code
How long have you lived there?			
Mailing Address	City	State	Zip Code
Cellular No.			
Telephone No.			Pager No.

If hired, can you furnish proof you are eligible to work in the U.S.?  Yes  No

Identity and employment of eligibility of all new hires will be verified upon employment.

**RECORD OF PREVIOUS EMPLOYMENT**

Please list your experience including U.S. Military Service, beginning with your most recent job held. If you were self-employed, give firm names and furnish business references. Account for any time during the last 10 years that you were unemployed by stating the nature of your activities. (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	Wage Start \$ Final \$

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	Wage Start \$ Final \$

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	Wage Start \$ Final \$

Have you ever worked for this Company before?  Yes  No If yes, when?

Have you ever pled guilty, "no contest" to, or been convicted of a crime  Yes  No  
If yes, please give the dates(s) and details:

Note: Answering "Yes" does not constitute an automatic bar from employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

**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?  Yes  No  
Driver's License State & Number: \_\_\_\_\_ Class of License: \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?  Yes  No  
If yes, give details:

Have you ever been terminated or asked to resign from any job?  Yes  No  
If yes, please explain:

Please explain fully any gaps in your employment history that was greater than 1 month.

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying:

Have you ever used another name?  Yes  No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

Have you ever been in Military Service?  Yes  No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying?  
 Yes  No

Do you have adequate transportation to and from work?  Yes  No

Do you know anybody that works at The Cliffs  Yes  No  
Name: \_\_\_\_\_

**SPECIAL SKILLS**

Please identify if you have any skills or experiences 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.

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**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

**PLEASE READ THE STATEMENT BELOW PRIOR TO COMPLETING THIS APPLICATION OF EMPLOYMENT**

This employment application will be kept in an active applicant file for thirty (30) days unless it is screened out. If you wish to be considered for employment after that time, you must reapply.

In submitting this application for employment, I certify the information contained in this application is correct to the best of my knowledge and understand that falsification of this information may result in dismissal in accordance with the rules and regulations of this Company. **In consideration of my employment, I agree to conform to the rules and regulations of the CLIFFS CLUB.**

I understand the CLIFFS CLUB, its subsidiary entities and designated agents (the "Company"), to make whatever inquiries it deems necessary, and to contact consumer reporting agencies (including credit and public record background checks) or other persons, and to secure consumer reports and/or investigative consumer reports in connection with my application for employment.

Prior to the event of my employment to a position in this Company, I understand that the CLIFFS CLUB reserves the right to require me to submit a test for the presence of drugs in my system and at any time during my employment to the extent permitted by law.

I understand, if hired, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States of America, and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand and agree that if employed, the employment will be terminable at-will, is for no definite period, and my employment and compensation may be terminated by the CLIFFS CLUB (employer) at any time and for any reason whatsoever, with or without good cause at the option of either the CLIFFS CLUB or myself. I understand that receipt of this application by the Company does not imply employment and that this application and/or any of the CLIFFS CLUB documents are not contracts of employment. **If you have any questions regarding this statement, please ask a Company representative before signing.**

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

APPLICANT'S SIGNATURE	DATE SIGNED