

PERSONAL

DATE _____

Name _____ Social Security # _____

Mailing Address _____

Telephone # _____ Referred by _____

Are you a US Citizen? _____ If No, can you legally remain & work in the US? _____

I understand that if hired, I must provide satisfactory identification proving my eligibility to work in the United States.

Position applied for _____ Part Time _____ Full Time _____

If the job requires, do you have a reliable vehicle, valid drivers license and insurance? _____

If part time, specify days/hours _____ Pay Rate expected _____

Have you ever worked for us before? _____ If yes, when _____ Position _____

Indicate special qualifications or skills _____

EDUCATION

Name & location of school	Degree / GPA	Years Completed
High School		
College		
Other		

MILITARY SERVICE

Branch of Service _____ From _____ To _____ Rank & Duties _____

Date Discharged _____ In Reserves? _____ Location _____ Years enrolled _____

The following information is necessary for bona fide job qualification.

Bonding is a condition of employment for all Wilderndest employees; background checks will be done. Have you ever been bonded by an employer? _____ If yes, list employer(s): _____

Have you ever been convicted of a crime (except minor traffic violations)? _____ If so, when and nature of offense? _____

Do you have an acceptable motor vehicle record? _____ Do you have good credit history? _____

Are you over 18 years of age? _____ If not, Date of birth _____

Do you have any physical limitations which would prohibit you from performing the work for which you have applied? _____

If yes, explain: _____

PRIOR EMPLOYMENT (List most recent employer first)

Employer _____ Phone _____ From _____ To _____
Address _____ Position _____
Duties _____ Supervisor _____
Reason for Leaving _____ Starting/Final Wage _____ / _____

Employer _____ Phone _____ From _____ To _____
Address _____ Position _____
Duties _____ Supervisor _____
Reason for Leaving _____ Starting/Final Wage _____ / _____

Employer _____ Phone _____ From _____ To _____
Address _____ Position _____
Duties _____ Supervisor _____
Reason for Leaving _____ Starting/Final Wage _____ / _____

WORK REFERENCES

Name	Company	Work Relationship	Phone

I certify that the information provided by me in this Application for Employment is true and complete to the best of my knowledge. I understand that all statements made herein may be verified. I understand that any misleading or incorrect statements render this application void, and if employed would be cause for termination. I authorize the release of requested information directly to Wildernest including contacting references, conducting criminal and credit background checks, checking educational references, doctors, etc. I release and hold harmless past and present employers, references and all persons and institutions whomsoever from any charge because of furnishing said information. Furthermore I release Wildernest, from any liability or damage which may result from furnishing the information requested by Wildernest. Should I become employed, I understand that Wildernest, in the interest of safety and the protection of our employees, owners and guests, may, with reasonable suspicion, request that I consent and submit to testing for illegal or incapacitating drug use. This signed application will serve as a consent form, authorizing Wildernest to conduct such testing and to rely upon the results in extending employment. I understand that refusal to consent to and participate in such drug testing or a positive test result indicating the presence of illegal drugs in my body, may be the basis for immediate discharge. I further understand that employment is on an at-will basis and may be terminated at any time by either party. I have read the above statements and understand them fully.

Signed _____ Date _____

NOTICE: All qualified applicants will be considered without regard to race, religion, color, sex, age, handicap, veteran status or national origin.

AGREEMENT

I hereby certify that the information provided by me in this Application for Employment is true and complete to the best of my knowledge. I understand that all statements made herein may be investigated and verified in the course of considering this application. Should I become employed, I understand that false or misleading information contained herein may be the basis for immediate discharge.

I have read the above statements and understand them fully.

Signed _____ Date _____

CONSENT

Should I become employed, I understand that WILDERNEST, in the interest of safety and the protection of our employees, owners and guests, may, with reasonable suspicion, request that I consent and submit to testing for illegal or incapacitating drug use. This signed application will serve as a consent form, authorizing WILDERNEST to conduct such testing and to rely upon the results in extending employment. I understand that refusal to consent to and participate in such drug testing or a positive test result indicating the presence of illegal drugs in my body, may be the basis for immediate discharge.

I have read the above statements and understand them fully.

Signed _____ Date _____

AUTHORIZATION TO RELEASE PERSONAL INFORMATION

Having made application to WILDERNEST, I hereby authorize the release of requested information directly to WILDERNEST. I release and hold harmless past and present employers, references and all persons and institutions whomsoever from any charge because of furnishing said information.

Signed _____ Date _____

NOTICE: All qualified applicants will be considered without regard to race, religion, color, sex, age, handicap, veteran status or national origin.

WILDERNEST PROPERTY MANAGEMENT

Wilderness Property Management
204 Wilderness Road
PO Box 1069
Silverthorne, CO 80498
Tel (970) 468-6291 Fax (970) 262-0913

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with, and for the duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contracted by this employer to furnish the above mentioned information:

Print Full Name:			
	(First)	(Middle)	(Last)

Maiden Name or Alias:	
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*Date of Birth		Social Security Number	
(MM/DD/YYYY)			

Current Address:	Apt. No. / Suite No.
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City	State & County	Zip
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Driver's License Number	State Issued
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Applicant's Signature	Date
	(MM/DD/YYYY)

*Date of Birth is being requested in order to obtain accurate retrieval of records.

Previous Address:	Apt. No. / Suite No.
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City	State & County	Zip
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Previous Address:	Apt. No. / Suite No.
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City	State & County	Zip
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