

## **APPLICATION FOR EMPLOYMENT**

## TODAY'S DATE:

Personal Information					
First Name		Middle Initia	a <u>l</u>	Last Name:	
Address:					
City:		State:		Zip Code:	
Home Phone:				Cell Phone:	
Email Address:					
Social Security #	h oforo 0		Vaa		Na
Have you worked for CHS If yes, what position and d		ont:	Yes		_No
in yes, what position and d					
Position Applying For:					
Department (Office Use	):	Front Desk	Maintenan	се	Housekeeping
Do you have any mental or p	hysical conditions	which would pre	event you from	n performing this	job, or that we should
be aware of?					
Associate ilite					
Availability:	When can yo				
Indicate Days and Hou Monday Tuesday	Wednesday		rk: Friday	Saturday	Sunday
wonday Tuesday	weunesuay	Thursday	Fliudy	Saturuay	Sunuay
Are you available to work	nights?	Yes	No		
Are you available to work	-	Yes	No	-	
		100			
Education:					
Indicate the highest leve	el of education a	achieved:			
What areas of study (eit	her formal or p	ersonal) have	been your	focus?	
What specific skills will	you bring to the	position you	are applyin	g for?	
	( ) 2				
What is your life's passi	on(s)?				
What are your short terr	n anals? (1-5 v	ears)			
what are your short terr		earsy			
What are your long term	n goals? (5+ vea	ars)			
,		- /			
Employment History:					
Please list your position	s for at least 5	years and up	to 10 years	•	
Employer		Position:			
Address:					

Phone:							
Dates:	From	То					
Salary/wag	e:						
What did yo	ou like about the job?						
What did yo	ou dislike about the job?						
Reason for	Leaving:						
Supervisor	:	Phone #					
May we cor	ntact for a reference?	Yes	No				
-							
Employer		Position:					
Address:							
Phone:							
Dates:	From	То					
Salary/wag	e:						
	ou like about the job?						
-	ou dislike about the job?						
Reason for	-						
Supervisor	:	Phone #					
•	ntact for a reference?	Yes	No				
-							
Employer		Position:					
Address:							
Phone:							
Dates:	From	То					
Salary/wag	e:						
What did you like about the job?							
What did yo	ou dislike about the job?						
Reason for	Leaving:						
Supervisor	:	Phone #					
May we con	ntact for a reference?	Yes	No				
-							
Employer		Position:					
Address:							
Phone:							
Dates:	From	То					
Salary/wag	e:						
What did yo	ou like about the job?						
What did yo	ou dislike about the job?						
Reason for	Leaving:						
Supervisor	:	Phone #					
May we con	ntact for a reference?	Yes	No				
Employer		Position:					
Address:		-					
Phone:							
Dates:	From	То					
Salary/wage:							
What did you like about the job?							
What did you dislike about the job?							
Reason for Leaving:							

Supervisor: May we contact for a re	ference?	Phone #							
Have you ever been convicted of a crime (other than traffic)? Yes No If yes, provide details:									
PERSONAL REFERENCE	S								
Name	<u>Relationship</u>	<u>Time known</u>	Phone #	<u>Email</u>					
Emergency Contact Information (Please provide two):									
Who should we contact in the event of an emergency?									
Name:									
Relationship:									
Address:									
Telephone No:									
Who should we contact in the event of an emergency?									
Name:									
Relationship:									
Address:									
Telephone No:									

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or if employed, may be cause for dismissal. I hereby agree to provide my social security number, date of birth, and other necessary information on the first date of employment, if hired by Cottonwood Hot Springs. I understand that if employed I will be on probationary status for the first 90 days. I also understand that as a seasonal employer my position may be eliminated at any time as business dictates. I acknowledge that Cottonwood Hot Springs has informed me that they have a no alcohol or drugs policy while on the premises. I agree not to use either of these substances while at work, unless prescribed by a medical doctor.

Signature of Applicant:

Date: