



# EMPLOYMENT APPLICATION

Please print in ink or type.  
Answer all questions on the application completely and accurately.

## PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL
PRESENT ADDRESS			CITY	STATE ZIP
HOME PHONE	CELL PHONE		ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL ADDRESS:				
HAVE YOU EVER BEEN EMPLOYED BY GALICE RESORT IN THE PAST? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, GIVE POSITION AND DATES:				

**EMPLOYMENT DESIRED** These are seasonal positions with both Full and Part Time Shifts available. When recording your availability please keep in mind that any position at the Galice Resort will require working in shifts, during weekends and holidays.

POSITION DESIRED	AVAILABLE EMPLOYMENT DATE: / /	ARE YOU APPLYING FOR? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	DESIRED HOURLY WAGE\$						
CHECK HERE IF YOUR HOURS ARE FLEXIBLE. (AVAILABLE FOR WORK ANY DAY, A.M. OR P.M.) <input type="checkbox"/>	HOURS AVAILABLE: (Specify days and hours available)	From:	SUN	MON	TUE	WED	THU	FRI	SAT
TOTAL HOURS AVAILABLE PER WEEK:		To:							
ARE THERE ANY LIMITATIONS ON YOUR WORK HOURS (i.e. can't work nights, particular weekends, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN:								

## EDUCATION

NAME OF HIGH SCHOOL		-----	
LOCATION	PHONE	LAST GRADE COMPLETED	
NOW ENROLLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	FAVORITE SUBJECT:	
SCHOLASTIC HONORS, OFFICES HELD, SPORTS, OR ACTIVITIES PARTICIPATED IN:			
NAME OF COLLEGE/PLACE OF CONTINUING EDUCATION		LOCATION	
MAJOR FIELD		MAJOR COURSES	
LAST GRADE COMPLETED?	NOW ENROLLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES WHAT DEGREE RECEIVED?		CUMULATIVE G.P.A.	
SCHOLASTIC HONORS, OFFICES HELD, SPORTS, OR ACTIVITIES PARTICIPATED IN:			

# EMPLOYMENT EXPERIENCE

LIST CURRENT OR MOST RECENT JOB FIRST May we contact your present employer?  YES  NO

EMPLOYER		FROM MONTH/YEAR /	TO MONTH/YEAR /	-----	-----
JOB TITLE		WORK PERFORMED			
CITY		STATE		REASON FOR LEAVING: <input type="checkbox"/> QUIT <input type="checkbox"/> TERMINATED <input type="checkbox"/> OTHER PLEASE EXPLAIN	
PHONE	SUPERVISOR				
EMPLOYER		FROM MONTH/YEAR /	TO MONTH/YEAR /	-----	-----
JOB TITLE		WORK PERFORMED			
CITY		STATE		REASON FOR LEAVING: <input type="checkbox"/> QUIT <input type="checkbox"/> TERMINATED <input type="checkbox"/> OTHER PLEASE EXPLAIN	
PHONE	SUPERVISOR				
EMPLOYER		FROM MONTH/YEAR /	TO MONTH/YEAR /	-----	-----
JOB TITLE		WORK PERFORMED			
CITY		STATE		REASON FOR LEAVING: <input type="checkbox"/> QUIT <input type="checkbox"/> TERMINATED <input type="checkbox"/> OTHER PLEASE EXPLAIN	
PHONE	SUPERVISOR				
EMPLOYER		FROM MONTH/YEAR /	TO MONTH/YEAR /	-----	-----
JOB TITLE		WORK PERFORMED			
CITY		STATE		REASON FOR LEAVING: <input type="checkbox"/> QUIT <input type="checkbox"/> TERMINATED <input type="checkbox"/> OTHER PLEASE EXPLAIN	
PHONE	SUPERVISOR				
EMPLOYER		FROM MONTH/YEAR /	TO MONTH/YEAR /	-----	-----
JOB TITLE		WORK PERFORMED			
CITY		STATE		REASON FOR LEAVING: <input type="checkbox"/> QUIT <input type="checkbox"/> TERMINATED <input type="checkbox"/> OTHER PLEASE EXPLAIN	
PHONE	SUPERVISOR				

Please explain all gaps in employment not accounted for by the employment information provided (include dates & explanations):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MILITARY SERVICE

BRANCH	RANK AT DISCHARGE
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## REFERENCES

Please list three school, work or personal references who we may contact. Do not list people who are related to you.

Name	Telephone	Relationship to You	Type of Reference
1.			<input type="checkbox"/> SCHOOL <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL
2.			<input type="checkbox"/> SCHOOL <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL
3.			<input type="checkbox"/> SCHOOL <input type="checkbox"/> WORK <input type="checkbox"/> PERSONAL

I hereby certify that all above questions are fully and correctly answered. I understand that any misleading or incorrect statements made as part of this application may be considered cause for rejection or dismissal at any time during my employment with Galice Resort. I also grant Galice Resort permission to establish my employment eligibility through inquiry of past employment and education and agree to release from liability or responsibility all persons supplying such information. If employed, I agree to conform to the rules and policies of Galice Resort and that at any time I will be free to resign for any reason and that Galice Resort also holds the same right to terminate my employment at will. I understand that no representative of Galice Resort other than the Owner has the authority to enter into any agreement for employment for any specified time or to make any agreement contrary to the foregoing.

 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Galice Resort is an equal opportunity employer, and therefore does not discriminate against any employee because of race, age, color, religion, sex, national origin, ancestry, handicap or disability, sexual orientation, marital status, off-duty use of lawful products, arrest or conviction record, membership in the National Guard, State defense force or any reserve component of the military forces of the United States or your state of residence, or any other illegal basis. This policy applies not only to employment, but also to recruitment, recruitment advertising, upgrading, transfer, layoff, termination and other matters pertaining to personnel relationships.