



APPLICATION FOR EMPLOYMENT



PO Box 50, Moran, WY 83013
Phone: 800-672-6012 / 307-543-2831
Fax: 307-543-2569

www.signalmountainlodge.com
E-mail: personnel@signalmtnlodge.com

Signal Mountain Lodge is an authorized concessioner of the National Park Service

Note: This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.

Signal Mountain Lodge is an **Equal Opportunity** employer and considers applicants for all positions without regard to race, color, sex, religion, age, national origin, disability, or veteran status. Signal Mountain Lodge engages in **Affirmative Action** for minorities, women, covered veterans, and disabled persons. Please advise us if any accommodations are required to assist you in the application process.

(PLEASE PRINT) Date of Application _____ Social Security # _____ - _____ - _____

Name _____
Last First Middle

Permanent Address _____
Street City State Zip Code

Current Address _____
Street City State Zip Code

Telephone: Home (____) _____ Cellular/Business (____) _____

E-Mail: _____

POSITIONS DESIRED: 1) _____ 2) _____ 3) _____

Please list dates available for employment START date: ___/___/___ To END date: ___/___/___

Please give careful consideration to your dates of availability allowing sufficient time to return to home or school at the end of the season. These dates will become part of your employment commitment upon hire.

Referral Source:

- Internet _____
- Newspaper Ad _____
- Walk-In Applicant _____
- School/College _____
- Employee Referral/Name: _____
- Other _____

Have you ever applied for a position with us? Yes No If "Yes," when? _____

Have you ever been employed by us? Yes No If "Yes," when? _____

Do you have any relatives or close friends working here? Yes No If "Yes," state name and relationship _____ / _____

Are you applying with a spouse or friend? Yes No If "Yes," state name and relationship _____ / _____

Are you currently employed? Yes No

Are you willing to accept any position available? Yes No

Briefly explain why you would like to work for us, and what you hope to gain from your summer experience at Signal Mountain Lodge: _____

EDUCATIONAL DATA

<i>School</i>	<i>Print Name and Complete Address for each School Listing</i>	<i>No. of Yrs Completed</i>	<i>Degree</i>	<i>Major Course of Study</i>
High School				
College				
Graduate School				
Trade, Business, Night, etc.				
Other				

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT

(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. Have you ever been convicted of a misdemeanor or felony? (In answering this question, exclude only non-moving traffic violations) Yes No *An affirmative response will not automatically disqualify you from being considered as a candidate for employment. If "YES," please explain.

2. If employment is offered, can you provide documentation to verify your identity and right to work in the United States? Yes No

3. Are you at least 18 years of age? Yes No (You must be at least 18 years of age to work and live at SML)

4. Are you at least 21 years of age? Yes No (You must be at least 21 years of age to serve alcohol)

5. If you are applying for a position involving overtime, evening or weekend work, can you fulfill such scheduling requirements? Yes No Not Applicable

6. If employed, will you be bringing a motor home or trailer? Yes No If so, what length? _____
 Note: We have a limited number of RV spaces available.

7. May we contact your present employer? Yes No Previous Employers? Yes No
 Please identify any exceptions and reasons for not contacting. _____

8. In order to permit a check of your work and education records, should we be made aware of any change of name or assumed names that you previously used? Yes No If "Yes," identify name(s) and dates.

9. Have you ever been dismissed or forced to resign from any employment? Yes No If "Yes," please explain.

MILITARY HISTORY

Have you ever served in the U.S. Armed Forces? Yes No Dates Served _____

Describe any special job-related training received _____

EMPLOYMENT HISTORY

In the following spaces give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment. Indicating "See Resume" is not acceptable. Please complete all boxes for each employer. If additional space is needed, attach a supplemental sheet.

1. Employer:	
Street Address:	
City:	State: Zip:
Phone:	
Position:	
Supervisor's Name/Title:	Part or Full Time?
Employed From: _____ (Mo/Yr)	Starting Salary:
To: _____ (Mo/Yr)	Final Salary:
Specific Job Duties:	
Reason for Leaving:	

3. Employer:	
Street Address:	
City:	State: Zip:
Phone:	
Position:	
Supervisor's Name/Title:	Part or Full Time?
Employed From: _____ (Mo/Yr)	Starting Salary:
To: _____ (Mo/Yr)	Final Salary:
Specific Job Duties:	
Reason for Leaving:	

5. Employer:	
Street Address:	
City:	State: Zip:
Phone:	
Position:	
Supervisor's Name/Title:	Part or Full Time?
Employed From: _____ (Mo/Yr)	Starting Salary:
To: _____ (Mo/Yr)	Final Salary:
Specific Job Duties:	
Reason for Leaving:	

2. Employer:	
Street Address:	
City:	State: Zip:
Phone:	
Position:	
Supervisor's Name/Title:	Part or Full Time?
Employed From: _____ (Mo/Yr)	Starting Salary:
To: _____ (Mo/Yr)	Final Salary:
Specific Job Duties:	
Reason for Leaving:	

4. Employer:	
Street Address:	
City:	State: Zip:
Phone:	
Position:	
Supervisor's Name/Title:	Part or Full Time?
Employed From: _____ (Mo/Yr)	Starting Salary:
To: _____ (Mo/Yr)	Final Salary:
Specific Job Duties:	
Reason for Leaving:	

6. Employer:	
Street Address:	
City:	State: Zip:
Phone:	
Position:	
Supervisor's Name/Title:	Part or Full Time?
Employed From: _____ (Mo/Yr)	Starting Salary:
To: _____ (Mo/Yr)	Final Salary:
Specific Job Duties:	
Reason for Leaving:	

EXPERIENCE SUMMARY

Please check all items below that you have had experience with, as well as the total number of months you have had for each.

<input type="checkbox"/> Retail _____ Months	<input type="checkbox"/> Bartending _____ Months	<input type="checkbox"/> Supervisory/Management _____ Months
<input type="checkbox"/> Cash Handling _____ Months	<input type="checkbox"/> Waitstaff/Server _____ Months	<input type="checkbox"/> River Boat Guiding _____ Months
<input type="checkbox"/> Switchboard _____ Months	<input type="checkbox"/> Housekeeping _____ Months	<input type="checkbox"/> Motor Boating _____ Months
<input type="checkbox"/> Front Desk/Reservations _____ Months	<input type="checkbox"/> COOKING _____ Months	<input type="checkbox"/> MAINTENANCE _____ Months
<input type="checkbox"/> Typing _____ WPM	<input type="checkbox"/> Pizza _____ Months	<input type="checkbox"/> Painting _____ Months
<input type="checkbox"/> Office _____ Months	<input type="checkbox"/> Saute _____ Months	<input type="checkbox"/> Construction _____ Months
<input type="checkbox"/> Accounting _____ Months	<input type="checkbox"/> Short Order _____ Months	<input type="checkbox"/> Electrical _____ Months
<input type="checkbox"/> Computers _____ Months	<input type="checkbox"/> Broiler _____ Months	<input type="checkbox"/> Carpentry _____ Months
List Programs: _____	<input type="checkbox"/> Breakfast _____ Months	<input type="checkbox"/> Plumbing _____ Months
_____	<input type="checkbox"/> Pantry/Prep _____ Months	<input type="checkbox"/> Refrigeration _____ Months
_____	<input type="checkbox"/> Baking _____ Months	

OTHER SPECIAL SKILLS

Describe any other special job related skills or qualifications that would support your application.

Special Interests: _____

PROFESSIONAL REFERENCES

1. Name: _____ Relationship: _____ # Years Known: _____
 Phone: () _____ Email address: _____

2. Name: _____ Relationship: _____ # Years Known: _____
 Phone: () _____ Email address: _____

3. Name: _____ Relationship: _____ # Years Known: _____
 Phone: () _____ Email address: _____

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information, regardless of contact.

After a conditional job offer, but before starting work, I understand that I may be subject to a medical examination, similar to other employees in the same job category. I understand that after employment begins, the Company may make disability-related inquiries and require medical examinations if they are job-related and consistent with business necessity.

The Company has a drug-free workplace policy. I understand that I will be subject to pre-employment drug testing and may be subject to occasional testing while employed. In the case of a positive test result or other violation of the policy, an employee (or applicant) shall be subject to termination of employment or refusal to hire. The policy provides complete information about the drug-free workplace and may be obtained by contacting the Company.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the Company and understand that my employment is "at will" and can be terminated with or without cause or notice, at any time, at the option of either the Company or me. I understand and agree that this application does not create any contractual rights in favor of me, including contractual rights to employment or in the terms and conditions of employment. I further understand that no manager or representative of the Company, other than the Executive VP of Resorts, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to any Company policy. I further understand that any such agreement, if made, shall not be enforced unless it is in writing and signed by me and by the Executive VP of Resorts.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and right to work in the United States. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

 Signature of Applicant (Must be at least 18 years of age)

 Date

EMPLOYMENT RECORD (For Office Use Only)

Date Received:	Date Responded:	Commitment Date:
Employment Date/Rate:	Position/Title/Dept.	Comments:

