



N3332 Pine Mountain Rd
Iron Mountain, Michigan 49801

Phone: (906) 774-2747
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www.pinemountainresort.com

APPLICATION FOR EMPLOYMENT (AT WILL)

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by State or Federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

POSITION APPLIED FOR _____ DATE _____

DATE YOU CAN START _____

NAME _____

PRESENT ADDRESS _____
Street City State Zip

PERM. ADDRESS _____
Street City State Zip

TELEPHONE# HOME _____ WORK _____

ARE YOU 18 yrs OR OLDER? _____ YES _____ NO

ARE THERE ANY DAYS OF THE WEEK YOU CANNOT WORK?

IF SO WHEN? _____

SALARY DESIRED? _____ TYPE OF EMPLOYMENT ___ FULL TIME ___ PART TIME

ARE YOU EMPLOYED NOW? _____ MAY WE CONTACT YOUR PRESENT
EMPLOYER? _____ HAVE YOU EVER APPLIED TO THIS COMPANY
BEFORE? _____ WHEN _____ UNDER WHAT NAME _____

CURRENT AND FORMER EMPLOYERS: (Most Recent First)

| DATE MO/YEAR | Employer NAME ADDRESS & TELEPHONE NO. | SALARY/STARTING/ ENDING | POSITION HELD RESPONSIBILITIES | REASON FOR LEAVING |
|-----------------|--|----------------------------|-----------------------------------|-----------------------|
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| FROM | | | | |
| TO | | | | |
| | | | | |

May we contact the employers listed? _____ Yes _____ no

If not which one(s)? _____

Please read the following statement carefully before signing to indicate your understanding.

I understand that prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test I will so inform the Company prior to the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true, accurate, and complete to the best of my knowledge and understand that if employed, falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand and agree that if hired my employment is for no definite period and may regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice. This provision supersedes any oral or written representation to the contrary unless in writing and signed by both the President of the company and the person to whom the writing is directed.

I authorize investigation of all statements contained in this application for any employment related purpose. I release the listed references and all employers. Except those specifically excepted to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to the company.

Signature

Date

*Employers specifically excepted: _____