

**RESORT IMPROVEMENT DISTRICT NO.1**

(An Equal Opportunity Employer)

9126 Shelter Cove Rd

Whitethorn, CA 95589

Application for Employment - (Pre-Employment Questionnaire)

707-986-7447

**PERSONAL INFORMATION**

<b>Date:</b>				
<b>Name:</b>	LAST	FIRST	MIDDLE	
<b>Present Address:</b>				
No.	STREET	CITY	STATE	ZIP
<b>Permanent Address if different from above:</b>				
No.	STREET	CITY	STATE	ZIP
<b>Mailing Address:</b>				
No.	STREET	CITY	STATE	ZIP
<b>Phone No.:</b>		<b>Are you 18 years of age or older?</b>		
<b>Are you prevented from lawfully becoming employed?</b>				

**EMPLOYMENT DESIRED**

<b>Position:</b>	<b>Date you can start:</b>	<b>Salary Desired:</b>
<b>Are you presently employed?</b>	<b>If Yes, may we contact your present employer?</b>	
<b>Ever applied here before?</b>	<b>When?</b>	
<b>Referred by:</b>		

<b>EDUCATION</b>	Name & Location of School	Did you graduate?	Subjects studied
Grammar			
High School			
College			
Trade, Business or Corres. School			

<b>GENERAL</b>		
Subjects of special study or research work:		
Special Skills:		
Activities (Civic, Athletic, Etc.):		
EXCLUDE ORGANIZATIONS, WHICH INDICATE THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.		
Are you a veteran?	Rank:	

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 25, 1991.*

<b>FORMER EMPLOYERS</b> (list below last three employers, starting with last one first)		
Name/Address/Phone of Employer	Position	Reason for leaving
Which of these jobs did you like best?		
What did you like the most about this job?		
<b>REFERENCES</b> (Give the names of three people not related to you, whom you have known at least one year).		
Name/Address/Telephone	Business	Years Known

In Case of Emergency, notify:	
Name/Address	Phone

I certify that all the information submitted by me on this application is true and complete and I understand that any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or the RID's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the RID

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE:

\_\_\_\_\_

## Notice to Applicants

The Resort Improvement District has a policy requiring a physician's exam, together with urine and blood testing of persons who are under serious consideration for employment. Persons who do not receive said physician's certification of qualification to do the type of work required by the position applied for, or who test positive for the presence of illicit drugs in their body will not be considered further. If you have a reason to believe that you will not pass a physician's examination or will register positive on a drug test, or if you are unwilling to consent to such a test or examination, it is recommended that you not submit an application.

Immediately prior to reporting for drug testing, all job applicants shall complete a Consent and Release Form to be kept on file in the District office.