



family.
tradition.
memories.

IDEAL BEACH RESORT APPLICATION FOR EMPLOYMENT

2176 SO. BEAR LAKE BLVD.
GARDEN CITY, UT 84028

1(800)634-1018
(435)946-3364

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		DATE	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE ()	BUSINESS PHONE ()		
EMAIL ADDRESS		SOCIAL SECURITY NUMBER	

WORK AVAILABILITY

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU WORKED FOR US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, PLEASE LIST DATES BELOW:	
ARE YOU WILLING TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	FROM: _____	
ARE YOU OPPOSED TO EARLY SHIFTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	TO: _____	
ARE YOU OPPOSED TO LATE SHIFTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF EMPLOYMENT YOU ARE SEEKING <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	ARE YOU A U.S. CITIZEN/PERM. RES.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF NOT, GIVE VISA # AND EXP. _____	

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

JOB SKILLS

<input type="checkbox"/> TYPING WPM _____	<input type="checkbox"/> SPREADSHEETS	PLEASE LIST ANY OTHER JOB RELATED SKILLS: _____ _____ _____
<input type="checkbox"/> 10 KEY (BY TOUCH)	<input type="checkbox"/> WORD PROCESSOR	
<input type="checkbox"/> PERSONAL COMPUTER	<input type="checkbox"/> FOOD HANDLERS PERMIT	

REFERENCES GIVE THE NAME OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

FORMER EMPLOYERS LIST FOUR LAST EMPLOYERS BELOW, STARTING WITH LAST ONE FIRST

DATE (MONTH & YEAR)	NAME, ADDRESS, AND PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

ADDITIONAL INFORMATION

Have you ever worked in a resort environment? If so, when and where? _____

If you have worked in a resort environment, what were your duties? _____

Why do you want to work at Ideal Beach Resort? _____

What are your strengths, talents, and interests? _____

Are you involved in any extra curricular activities? _____

What job has taught you the most about customer service and why? _____

Describe a bad past customer service experience, or other situation that you were able to improve. _____

We are hiring for: FRONT DESK, HOUSEKEEPING, CONVENIENCE STORE, and MAINTENANCE.

We will be hiring each person for a specific department. However, you may be asked to work in any area periodically throughout the summer as needed. What is the position you desire with Ideal Beach Resort?

1st CHOICE _____ 2nd CHOICE _____ 3rd CHOICE _____ 4th CHOICE _____

What experience do you have in the area you are applying? _____

What do you think you could contribute to this department? _____

Would you consider yourself a TEAM PLAYER? WHY? _____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

NAME	PHONE ()
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HAVE YOU EVER BEEN CONVICTED OF A FELONY?
 YES NO

IF SO, PLEASE PROVIDE DATE, LOCATION. AND EXPLAIN BELOW: _____

Criminal conviction is not an absolute bar to employment, but will be considered in relation to specific job requirements.

DO YOU USE ILLEGAL DRUGS, OR HAVE YOU USED ILLEGAL DRUGS IN THE PAST TWO YEARS? YES NO

CAN YOU PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

CERTIFICATION AND AGREEMENT

"I certify that the fact contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.
"I authorize investigation of all statements contained herein and the references and employers listed above in give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.
I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.
This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE

DATE

DO NOT WRITE BELOW THIS POINT

INTERVIEWED BY	DATE		
REMARKS _____			
HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEPARTMENT	POSITION	START DATE
			WAGES
<input type="checkbox"/> APPROVED _____		<input type="checkbox"/> W-4 COMPLETED	