



THE LODGE OF FOUR SEASONS
GOLF RESORT & SPA SHIKI

Application For Employment

We are an equal opportunity employer. Race, color, religion, sex, disability and national origin or any other basis protected by statute are not factors in employment, promotion and compensation.

PERSONAL INFORMATION

Name (First)	(Middle)	(Last)	Home Telephone Number	
Home Address (Street)	(City)	(State)	(Zip)	Business or Msg Phone Number
			Yes	No
Are you authorized to work in the U.S. on an unrestricted basis?			<input type="checkbox"/>	<input type="checkbox"/>
Are you over age 16?			<input type="checkbox"/>	<input type="checkbox"/>
Are you over age 18?			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony? If yes, please explain below			<input type="checkbox"/>	<input type="checkbox"/>
			Ad	<input type="checkbox"/>
			Other	

EMPLOYMENT DESIRED

Have you applied for employment here before? When? Where?	<input type="checkbox"/>	<input type="checkbox"/>	Date you can start?
Have you ever been employed here? When? Where?	<input type="checkbox"/>	<input type="checkbox"/>	Starting salary desired?
Are you employed now? If so, may we contact your employer?	<input type="checkbox"/>	<input type="checkbox"/>	Position desired?
Are you currently on layoff or leave from another company?	<input type="checkbox"/>	<input type="checkbox"/>	List applicable skills
Are you available for full-time work?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you available for part-time work?	<input type="checkbox"/>	<input type="checkbox"/>	

EDUCATION

Name of School	City	Location State	Main Course of Study	Did you Graduate?	Grade Average	Degree

List any scholastic honors received and offices held while in school.

Are you planning to pursue other studies? Yes Day <input type="checkbox"/> Night <input type="checkbox"/> No <input type="checkbox"/>	Four Seasons Group P.O. Box 215 Lake Ozark, MO 65049
If so, where and what course of study?	

EMPLOYMENT HISTORY

(List employment for the past 10 years, starting with present job. Include military experience.)

Company Name				For Office Use Only				
Street Address		Telephone		Category	Excellent	Good	Fair	Poor
City & State				Attendance				
Job Title				Reliability				
Supervisor				Work Habits				
Date Employed From To Salary				Employee strong points:				
Specific Duties				Employee weak points:				
Reason For Leaving				Reason for leaving:				
				Would you rehire employee?				
				If no, please explain:				

Company Name				For Office Use Only				
Street Address		Telephone		Category	Excellent	Good	Fair	Poor
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Job Title				Reliability				
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Job Title				Reliability				
Supervisor				Work Habits				
Date Employed From To Salary				Employee strong points:				
Specific Duties				Employee weak points:				
Reason For Leaving				Reason for leaving:				
				Would you rehire employee?				
				If no, please explain:				

IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE SHEET

REFERENCES: List 2 people not related to you who have known you for 1 year.

Name	Phone Number	Business	Years Acquainted
1.			
2.			

EMERGENCY-in case of emergency, please notify:

Name _____ Phone Number _____

Address _____

EMPLOYMENT LIMITATIONS

Can you perform the essential functions of the job with or without reasonable accommodations?

Yes

No

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would contradict the facts disclosed on this application.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that this company shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions, or answers made by me on this application. If I am employed with this company, I will comply with all rules and regulations as set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents which have been supplied with this application.

I further understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice by me or the company.

I hereby acknowledge that I have read and understand the above statements.

Signature _____

Date _____