

# Waldenwoods Resort and Conference Center

## Application for Employment

An Equal Opportunity Employer

Waldenwoods Resort is an equal opportunity company. We are dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, disability or other classes protected by applicable federal, state, or local law.

Please Print Clearly

Name (Last, First, Middle) \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position Desired \_\_\_\_\_ Wage Desired \_\_\_\_\_

Date you can start \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Can you work weekends and holidays? \_\_\_\_\_

| DAYS AND HOURS AVAILABLE   |         |           |          |        |          |        |
|--|---------|-----------|----------|--------|----------|--------|
| (please consider school, extra-curricular activities, and other obligations when filling out this section) |         |           |          |        |          |        |
| MONDAY   | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|  |         |           |          |        |          |        |

Are you at least 18 years of age? \_\_\_\_\_ If hired, can you show proof of age? \_\_\_\_\_

Do you have a current drivers license? \_\_\_\_\_

In the past 10 years have you been convicted of a felony or have you been convicted of any crime involving dishonesty or violence to another person? \_\_\_\_\_

Are you currently attending school? \_\_\_\_ If yes where? \_\_\_\_\_

Have you ever applied to Waldenwoods Resort before? \_\_\_\_ If yes when? \_\_\_\_\_

Have you ever worked for Waldenwoods Resort before? \_\_\_\_ If yes when? \_\_\_\_\_

| Education            |  |                 |  |                 |  |
|----------------------|--|-----------------|--|-----------------|--|
| High School Name     |  | Years Completed |  | Course of Study |  |
| College Name         |  | Years Completed |  | Course of Study |  |
| Additional Schooling |  | Years Completed |  | Course of Study |  |

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810-632-6400 FAX 810-632-5187

[www.waldenwoods.com](http://www.waldenwoods.com) e-mail [dgreutman@waldenwoods.com](mailto:dgreutman@waldenwoods.com)

**LIST ALL PREVIOUS EMPLOYMENT**

| FROM/<br>TO | RATE<br>OF<br>PAY | PLACE OF<br>EMPLOYMENT AND<br>SUPERVISOR | PHONE | REASON FOR LEAVING –<br>INCLUDE WHETHER YOU WERE<br>TERMINATED OR LEFT VOLUNTARILY. |
|-------------|-------------------|--|-------|---|
|             |                   |  |       |   |
|             |                   |  |       |   |
|             |                   |  |       |   |
|             |                   |  |       |   |
|             |                   |  |       |   |

Special skills and Certifications \_\_\_\_\_

Explain any gaps in employment \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Where? \_\_\_\_\_  
 May we contact your employer? \_\_\_\_\_ Name \_\_\_\_\_  
 Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize and request any and all of my former employers and any other person, firm, or corporation to furnish any and all information concerning any credit-worthiness and personal background, and I hereby release each such employer or other person, firm, corporation from any and all liability by reasons of furnishing the requested information.

I understand that if employed any misrepresentation or omission of facts requested is cause for dismissal.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYMENT AT WILL AGREEMENT**

I understand that if hired, I will be an employee at will and that both I and this Company will have the right to terminate my employment at any time, with or without advance notice and with or without cause. This is called “employment at will” and no one other than this company’s president (and only in writing, signed by the president and me) has the authority to alter this agreement, to enter into any written agreement for employment for a specified time, or to make any written or oral agreement contrary to this policy.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_