

# Bodega Bay Lodge & Spa Employment Application

An Equal Opportunity Employer

(707) 875-3525 Fax: 707-875-2827

Position Applying For	Date of Application
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## Personal Information

Last Name	First Name	Middle Name
Street Address	City	State/Zip
Home Telephone	Other Phone/Cell	Social Security Number

Have you ever applied to or worked for Bodega Bay Lodge & Spa before? If Yes, When? ..... Yes No

Do you have any friends or relatives working for Bodega Bay Lodge & Spa? ..... Yes No  
If yes, state name(s) and relationship:

Why are you applying for work at Bodega Bay Lodge & Spa? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you at least 18 years old? Yes No (If under 18 years old, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ..... Yes No

If no, describe the functions that cannot be performed: \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) ..... Yes No

If yes, state the nature of the crime(s), when and where convicted, and disposition of the case: \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

## Employment History (You must complete this section even if attaching a resume)

List below all present/past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment.

From	To	Employer	Supervisor	Telephone
Starting Wage	Ending	Type of Business	Address	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason For Leaving:	Position/Duties	
From	To	Employer	Supervisor	Telephone
Starting Wage	Ending	Type of Business	Address	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason For Leaving:	Position/Duties	
From	To	Employer	Supervisor	Telephone
Starting Wage	Ending	Type of Business	Address	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason For Leaving:	Position/Duties	
From	To	Employer	Supervisor	Telephone
Starting Wage	Ending	Type of Business	Address	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason For Leaving:	Position/Duties	

**Education and Training**

Name and Location	Years Completed	Did You Graduate?	Degree or Diploma
High School			
College			
Other			

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years

First Name	Last Name	Years Acquainted	Telephone
Address			
First Name	Last Name	Years Acquainted	Telephone
Address			
First Name	Last Name	Years Acquainted	Telephone
Address			

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize the Bodega Bay Lodge & Spa to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Bodega Bay Lodge & Spa any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Bodega Bay Lodge & Spa, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between me and the Bodega Bay Lodge & Spa. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or Bodega Bay Lodge & Spa and that no promises or representations contrary to the foregoing are binding on B unless made in writing and signed by me and the Bodega Bay Lodge & Spa's designated representative.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Bodega Bay Lodge & Spa I am entitled to copies of any such public records obtained by Bodega Bay Lodge & Spa unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## Pre-Employment Inquiry Release

In connection with, and for the duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from Acxiom Information Security Services (AISS), 6111 Oak Tree Boulevard, 4<sup>th</sup> Floor, Independence, OH 44131, telephone 800.853.3228. These reports will include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination from past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education and other experience.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information:

_____	____/____/____	____-____-____
Applicant Name	Date of Birth*	Social Security Number
_____	_____	_____
Current Address	City & State	Zip Code
_____	_____	_____
Drivers License #	State	Prospective Employer
_____	_____	_____
Applicant's Signature	Date	

**\*Date of Birth is being requested in order to obtain accurate retrieval of records.**

\_\_\_\_\_ **California, Minnesota & Oklahoma Applicants Only:** Please check here to have a copy of your consumer report sent directly to you.

### Notice to California Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including sources of information, and the recipients of any reports on which AISS has previously furnished within a two year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.