



PLEASE PRINT ALL INFORMATION REQUESTED, EXCEPT SIGNATURE

PLEASE COMPLETE PAGES 1-5

# APPLICATION FOR EMPLOYMENT

ALL APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Current home address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long at address \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Mobile phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Position applied for:  
 (1) \_\_\_\_\_

and hourly wage or salary desired:  
 (2) \_\_\_\_\_  
 (Be specific)

How many hours can you work weekly? \_\_\_\_\_ Can you work after hours/nights? \_\_\_\_\_

Employment desired     FULL-TIME ONLY             PART-TIME ONLY             FULL- OR PART-TIME

When would you be available to start work?  
 \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No                       Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_

\_\_\_\_\_

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Do you have a valid driver's license?       Yes    No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_    Operator    Commercial (CDL)    Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?      How many? \_\_\_\_\_

Have you had any moving violations during the past three years?      How Many? \_\_\_\_\_

Explanation:

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_      Name \_\_\_\_\_

Position \_\_\_\_\_      Position \_\_\_\_\_

Company \_\_\_\_\_      Company \_\_\_\_\_

Address \_\_\_\_\_      Address \_\_\_\_\_

Telephone (    ) \_\_\_\_\_      Telephone (    ) \_\_\_\_\_

Email \_\_\_\_\_      Email \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?     Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name.    **Attach additional sheets if necessary.**

Name of employer	Name of last supervisor	Employment dates	Pay or salary
Address		From	Start
		To	Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Address		From	Start
		To	Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer?     Yes     No

Did you complete this application yourself     Yes     No

If not, who did? \_\_\_\_\_

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PLEASE READ CAREFULLY

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## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Four Seasons, Inc** I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other **Four Seasons, Inc** practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **Four Seasons, Inc**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of **Four Seasons, Inc**. **Four Seasons, Inc** may end the employment relationship at any time, without specified notice or reason. If employed, I understand that **Four Seasons, Inc** may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give **Four Seasons, Inc** permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release **Four Seasons, Inc** from any liability as a result of such contact.

I also understand that (1) **Four Seasons, Inc** has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of employment application, **Four Seasons, Inc** may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, **Four Seasons, Inc**, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with **Four Seasons, Inc** shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with **Four Seasons, Inc** is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

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**Four Seasons, Inc** is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with **Four Seasons, Inc** depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.