



The BALSAMS
Grand Resort Hotel

APPLICATION FOR EMPLOYMENT

The BALSAMS Grand Resort Hotel considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. The BALSAMS Grand Resort Hotel is an equal opportunity employer.

All applicants may be subject to pre-employment drug testing.

Submit applications by mail to: The BALSAMS
Human Resources
1000 Cold Spring Road
Dixville Notch, NH 03576

Submit applications by fax to: Human Resources
at (603) 255-4670

PLEASE READ CAREFULLY – ANSWER ALL QUESTIONS

The questions on this form are asked to allow us to thoroughly evaluate your ability and chance for success in the position for which you are applying. Every effort has been made to comply with the applicable federal and state laws.

Position(s) Applying For: _____ Date of Application: _____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-In Private Employment Agency Other: _____

PERSONAL DATA

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Indicate any other name by which you have been known: _____

Address:

Street: _____ City: _____

County: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Have you ever been employed at The BALSAMS? Yes No

If yes, when? _____

Reason for leaving? _____

Do you have any relatives currently employed by The BALSAMS? Yes No

If yes, who? _____

Are you below the age of 18? Yes No If yes, can you furnish a work permit? Yes No

Have you, since the age of 18, ever been convicted of a felony? Yes No

If yes, explain: _____

Note: a conviction will not necessarily bar you from employment. Each conviction will be judged on its own merit with respect to time, circumstances and seriousness.

Are you authorized to work in the United States? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

WORK PREFERENCE

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you currently on "lay-off" status subject to recall? Yes No

Will you accept: Full-time Part-time Temporary Work

Will you work any day of the week including Saturdays, Sundays and holidays? Yes No

If no, days you are available to work? _____

Will you accept: 1st Shift 2nd Shift 3rd Shift

On what date would you be available to begin work? _____

Are you willing to relocate? Yes No

Can you travel if your job requires it? Yes No

EMPLOYMENT HISTORY

List your last three employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below. Indicate your activities during that time as well as the name, address, and telephone number of a reference (not a relative) who can verify your activities.

Employer	Dates Employed		Summary of work performed and job responsibilities:
Phone/E-mail	From	To	
Job Title	Hourly Rate/Salary Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary Ending		
May we contact you for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

Employer	Dates Employed		Summary of work performed and job responsibilities:
Phone/E-mail	From	To	
Job Title	Hourly Rate/Salary Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary Ending		
May we contact you for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

Employer	Dates Employed		Summary of work performed and job responsibilities:
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Job Title	Hourly Rate/Salary Starting		
Immediate Supervisor and Title	\$	Per	
Reason for Leaving	Hourly Rate/Salary Ending		
May we contact you for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$	Per	

Comments (including explanation of any gaps in employment):

EDUCATION AND TRAINING

	Name and Address of School	Major/Minor	Did You Graduate?	# of Credits Earned	Diploma/Degree
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					

Additional Training	Description	Degree/Certification/License	Date Completed

MILITARY SERVICE

Have you ever served in the United States Armed Services or in a State Militia? Yes No

If yes, complete the following:

Service Branch: _____ Reserve Organization: _____

Final Rank or Rate: _____

Describe any training in your military experience that is relevant to the position for which you are applying: _____

SPECIFIC SKILLS

Indicate experience you may have in any of the following skill areas pertinent to the position for which you are applying.

- | | | |
|---|--|---|
| <input type="checkbox"/> Shorthand: _____ WPM | <input type="checkbox"/> PC | <input type="checkbox"/> Microsoft Word |
| <input type="checkbox"/> Typing: _____ WPM | <input type="checkbox"/> Data Processing/Computers | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> Data Entry: _____ Keystrokes | <input type="checkbox"/> Fax Machine | <input type="checkbox"/> Microsoft PowerPoint |
| <input type="checkbox"/> PBX System/Switchboard | <input type="checkbox"/> Other: _____ | |

Other: Other skills or qualifications relevant to the position being applied for (software, hardware, foreign languages, etc.)

Driver's License Number (if required by job) State: _____ Number: _____

Note to Applicants: **DO NOT** ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner or with reasonable accommodations the essential functions of the job or occupation for which you have applied? If applicable, a description of the essential functions of such a job or occupation is attached. Yes No

ACTIVITIES

List any hobbies or interests that you have, or any clubs, organizations, or professional groups to which you belong that have a direct bearing on your qualifications for the position for which you are applying: _____

REFERENCES

List names of persons not related to you whom we may contact to verify your qualifications for the job for which you are applying:

Name and Nature of Affiliation	Address	Occupation and Company	Telephone

Provide any additional information you feel may be helpful to us in considering your application. _____

CERTIFICATION OF ACCURACY AND AUTHORIZATION FOR THE RELEASE OF INFORMATION

I certify that the information I have provided is true, correct and complete in all material respects. In the event of employment, I understand that false or misleading information given in my application of interview(s) may result in termination. I also understand that I am required to abide by all the rules and regulations of The BALSAMS Grand Resort Hotel.

In connection with my application for employment with The BALSAMS, I hereby authorize The BALSAMS and any of its officers, agents, employees and servants to solicit all relevant information with regard to this application. This authorization includes, but is not limited to, matters of opinion related to my character, ability, reputation, credit history, and past conduct. I understand that such information will be used by The BALSAMS in making its decision regarding my employment.

I hereby authorize and request all persons, schools, companies, corporations, governmental units, credit bureaus, and law enforcement agencies to release such requested information to The BALSAMS and its agents without restriction or qualification. I voluntarily waive all recourse and release such providers of said information from liability for complying with this authorization.

I hereby release and discharge The BALSAMS, its agents and servants, their respective parents, subsidiaries, affiliates, successors and assigns, and their respective shareholders, officers, directors, employees, former employees, agents, contractors, and attorneys from any claim or liability, including attorney's fees, relating to or arising out of, but not limited to, the performance of the pre-employment investigation, the ultimate employment determination, and the disclosure of the information as described herein and as required by law, and any termination of my employment because of falsity, answers or omissions made by me in this application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with The BALSAMS is of an "at will" nature, which means that The BALSAMS may discharge me at any time with or without cause, and with or without notice, except to the extent my employment may be covered by a Collective Bargaining Agreement. It is further understood that this "at will" employment relationship may not be changed by any written document or by any conduct unless such change is specifically acknowledged in writing by an authorized executive of The BALSAMS.

Signature: _____

Date: _____