APPLICATION FOR EMPLOYMENT AND BACKGROUND CHECK



Mt. Holiday, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin. Mt. Holiday, Inc. is an at-will, seasonal employer.

PERSONAL INFORMATION		Today's Date:			
Last Name:	First Name:	Middle Initial:			
Address:					
City:	State:	Zip:			
Phone Number:	Email Address:				
Are you 18 years of age or older:	Yes □ No Do you have rel	iable transportation: ☐ Yes ☐ No			
If Referred to Mt. HolidayBy Whom:					
Have you been convicted of a felony value of the Conviction will not necessarily disquare.		□ No			
If yes, please explain:					
EMPLOYMENT DESIRED					
Position:	Date You Can Start:	Wage Desired:			
Relevant Experience for Position Des	red:				
Are you available to work: ☐ Full-time	e □ Part-time				
Are you currently employed now: □ Y	es □No If So Where:				
Applied/worked at Mt. Holiday before:	☐ Yes ☐ No Date(s) & Position:				
EDUCATION					
High School:	City/Stat				
		Did You Graduate: ☐ Yes ☐ No			
College/Trade School:	City/Sta				
		Did You Graduate: ☐ Yes ☐ No			

Mt. Holiday • 3100 Holiday Road • Traverse City • MI • 49686 • (231) 938-2500 • guestservices@mt-holiday.org

AVAILABILITY

Do you plan o	on any va	acations between Dec	ember 1st and March 22^{nd} ? \Box	Yes □ No		
If so, when: _						
Are you willing	g to work	c holidays, evenings, c	or weekends? □ Holidays □	Evenings We	eekends	
Mt. Holiday's Normal Days and Hours:		Days and Hours:	Days Available Times Available		ilable	
Sunday	11:00	am – 5:00pm	Sunday	From	To	
Monday	CLOS	SED				
Tuesday	4:00p	m – 8:00pm	Tuesday	From	To	
Wednesday 4:00pm – 8:00pm		Wednesday	From	To		
Thursday	4:00p	m – 8:00pm	Thursday	From	To	
Friday	4:00p	m – 9:00pm	Friday	From	To	
Saturday	10:00	am – 9:00pm	Saturday	From	To	
Please Note:	Christma	as/New Year's Holiday	Hours (12/24/2017 – 1/2/2018) 10:00am – 9:00	pm	
Position/Supe	ervisor: _		Employer:	Phone:	-	
·						
			Employer:		Wage:	
Position/Supervisor:			Phone:			
Reason for Le	eaving: _					
PROFESSI	ONAL	REFERENCES (Li	st below three persons not related	to you, whom you h	nave known at least one year.)	
Name:			Contact Phone/Email:			
Years Acquainted: How do you			know them?			
Name:			Contact Phone/Email:			
Years Acquain	nted:	How do you	u know them?			
Name:			Contact Phone/Email:			
Years Acquai	nted:	How do you	u know them?			

If you are hired by Mt. Holiday, Inc., you will be required to attest to your identity and employment eligibility, and to present documentation confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION:

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed no matter when discovered by Mt. Holiday, Inc. I understand I will be required to attest to my identity, employment eligibility, and to present documentation confirming such. I understand that filling out this form does not indicate there is a position open and does not obligate Mt. Holiday, Inc. to hire. If hired, I agree to abide by all of Mt. Holiday's work rules, policies and procedures. Mt. Holiday, Inc. is an at-will, seasonal employer and retains the right to revise its policies or procedures, in whole or in part, at any time. I understand this application is in no way an offer of employment.

BACKGROUND/REFERENCE CHECK:

I understand that any employment is conditioned on a background check. I authorize Mt. Holiday, Inc. to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to Mt. Holiday, Inc. without giving me prior notice of such disclosure, In addition, I release Mt. Holiday, Inc., any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I agree to a background check: ☐ Yes ☐ No				
Signature:	Date:			
I am offered employment I agree to submit to a medical examination and drug test before starting work, if employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Mt. Holiday, Inc. and as permitted by law. I consent to such examinations and tests, and I request that the examining loctor disclose to Mt. Holiday, Inc. the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by Mt. Holiday, Inc. and its Drug and Alcohol Policy.				
I understand that filling out this form does not indicate that Holiday, Inc. to hire. If hired, I agree to abide by all of Mt. Ho Holiday, Inc. retains the right to revise its policies and proc	oliday's work rules, policies, and procedures. Mt.			
Signature:	Date:			
Additional comments:				
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