

PLEASE FILL IN ALL INFORMATION REQUESTED

2021

Office use

SHENANDOAH VALLEY CAMPGROUND
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE ALL PAGES

Date _____

Name _____

Last First Middle Maiden

Home address _____

Street City State Zip Code

If under 18 yr old what is your age? _____

How long _____ Birth Month _____ Day _____ Year _____

Telephone (____) _____ Cell Phone (____) _____

Email: _____ Social Security No. _____ - _____ - _____

Position(s) applied for:

Days/hours available to work

Office Housekeeping

No Preference _____ Thu _____

Grounds/Maintenance Security

Mon _____ Fri _____

Entertainment Activities

Tue _____ Sat _____

Starting Salary \$10 per hour

Wed _____ Sun _____

Can you work weekends and holidays? Yes No IF NO, PLEASE STOP HERE

If hired, you will be expected to work weekends and all major holidays

Can you work these Holiday weekends?

Memorial Day weekend Yes No July 4th weekend Yes No Labor Day weekend Yes No

How many hours can you work weekly? _____ Can you work nights? _____

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

Please note: Full time is 30 or more hours per week Date available for work? _____

Table with 5 columns: TYPE OF SCHOOL, NAME OF SCHOOL, LOCATION (Complete mailing address), NUMBER OF YEARS COMPLETED, MAJOR & DEGREE. Rows include High School, College, Bus. or Trade School, Professional School.

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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.

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Skills: _____ Skills: _____
Skills: _____ Skills: _____
Skills: _____ Skills: _____

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.

Please list two references other than relatives or previous employers.

Name: _____	Name: _____
Position: _____	Position: _____
Company: _____	Company: _____
Address: _____	Address: _____
Phone: (____) _____	Phone: (____) _____

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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: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor	Employment dates From To
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.

Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor	Employment dates From To
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

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PLEASE READ CAREFULLY

APPLICATION WAIVER

In exchange for the consideration of my job application by Shenandoah Valley Campground (hereinafter called "the Company"), 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 Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Shenandoah Valley Campground, 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 the Company. Both the undersigned and Shenandoah Valley Campground, may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company 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 the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I understand that, in connection with the routine processing of your employment application, the Company 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, the Company, 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 the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Applicant's Name: (Please Print) _____

Signature of applicant _____ Date: _____

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POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Birth date _____ Married Yes No

Full Name of Spouse _____ Occupation: _____

Name of company _____ Phone: (____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name: _____ Relationship: _____ Cell: (____) _____

TO BE COMPLETED BY SHENANDOAH VALLEY CAMPGROUND

Date of employment _____ Job title _____ Dept. _____

Hourly Pay Rate: \$ _____ Full-time Part-time

Applicant's signature acknowledging above information _____

DRUG TESTING REPORT

Drug test confirmation number _____

Name of person verifying information _____

Name of person authorizing employment _____

Date _____

NOTES: