

APPLICATION FOR EMPLOYMENT

Catalina Island Resort Services
P.O. Box 2019, Avalon, CA 90704
Fax (310) 510-1433
www.visitcatalinaisland.com

Please print and complete all information on both sides

PERSONAL DATA:

Date: _____

Last Name: _____ First: _____ Middle: _____

Address/P.O. Box: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Social Security Number: _____

Driver's License No: _____ State: _____ Expiration Date: _____

E-Mail Address: _____

Have you ever been convicted of a crime other than a minor traffic violation? yes or no

If yes, please explain:

What foreign languages do you speak? _____

Are you fluent? _____ Read? _____ Write? _____

Please list two personal references who are not relatives:

1. Name _____ Phone: () _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone: () _____

Address _____ City _____ State _____ Zip _____

If hired by the Company, is your employment contingent upon acquiring housing/mooring? yes or no

EMPLOYMENT DATA:

Position applied for: _____

Are you interested in any other position? _____ If yes, please specify: _____

Salary desired: \$ _____ per _____

If an offer of employment is extended to you, will you be able to provide proof of (1) identity and (2) legal authorization to work in the United States? yes or no

Are you available to work weekends? yes or no

Are there any days/hours you cannot work? _____ If yes, please specify: _____

Date you can start work: _____ If temporary, last date you can work: _____

Have you worked for this company before? yes or no If yes, when & in what position? _____

Are you a high school graduate? yes or no Have you attended college? yes or no

If yes, which one and did you graduate? _____ Major subject: _____

PLEASE LIST YOUR EMPLOYMENT FOR THE PAST THREE YEARS WITH THE MOST RECENT OR PRESENT EMPLOYER FIRST OR ATTACH YOUR RESUME:

Company: _____ Position held: _____ From _____ to _____
Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Phone: () _____ Salary \$ _____ per _____
Reason for leaving: _____

Company: _____ Position held: _____ From _____ to _____
Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Phone: () _____ Salary \$ _____ per _____
Reason for leaving: _____

Company: _____ Position held: _____ From _____ to _____
Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Phone: () _____ Salary \$ _____ per _____
Reason for leaving: _____

If Applying for Positions Covered by DOT Drug Testing Regulations Complete the following:

A **covered position** is any safety sensitive position covered by Federal Department of Transportation regulations. Such positions include but are not limited to drivers of commercial vehicles; drivers transporting hazardous waste; and operators of commercial watercraft or aircraft.

1. During the past two years, have you applied for or worked in any covered position as defined above?
a. Yes _____ No _____
b. If Yes, please provide the name and address of all such employers or prospective employers:

2. During the past two years, have you ever failed (i.e., tested positive for drugs or alcohol) or refused to take a DOT drug and/or alcohol pre-employment test from an employer who did not hire you?
a. Yes _____ No _____
b. If yes, please provide the name and address of all such prospective employers:

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW:

I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification of this information or material omission is grounds for termination of my employment at any time.

I understand and agree to the following:

1.) My prior employers, and any other references listed on this application, are authorized to give the Company any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all persons or entities from all liability for any damage that may result from furnishing information to the Company. I also release the Company and all of its employees from all liability for any damage that may result from the Company's reliance on the information furnished.

2.) Any offer of employment with the Company may be contingent upon my successful completion of a pre-employment physical examination which includes a blood, urine, and/or other medical test for alcohol, drugs and controlled substance. Prior to testing, I agree to sign the Company's authorization forms wherein I will agree to submit to such testing and to authorize the results to the Company. The physical examination and substance test will be conducted at the Company's expense by a health care provider selected by the Company.

3.) If I fail to comply with any of the requirements set forth above, I understand that an offer of employment will be rescinded or my employment will be terminated. In consideration of my employment, I agree to conform to the Company's policies, rules, and regulations. I understand and agree that my employment is at-will, and therefore, my employment and compensation can terminate, with or without cause, and with or without notice, at any time, at my option or the Company's option. I further understand and agree that this at-will employment relationship as defined above will remain in effect throughout my employment with the Company, or any of its parent or affiliated companies, unless it is modified by a specific, express written employment contract which is signed by the President of the Company and me.

SIGNATURE: _____ **DATE:** _____