

**Massanetta Springs Conference Center
Harrisonburg, VA 22801
540-434-3829**

We appreciate your interest in our company and are sincerely interested in your qualifications. Resumes will not be accepted in lieu of completed applications, but are considered as supplemental information. Please print plainly. Your application will be kept on file for 30 days.

We are 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.

PERSONAL INFORMATION

Today's Date: _____

Name: _____
Last
First
Middle

Present Address: _____
Street
City
State
Zip

Phone Number: _____ Email: _____
Area Code / Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: _____ Salary Desired: _____

Are You Employed Now? Yes No
 If "Yes", May We Contact Your Present Employer? Yes No
 Ever Applied to Massanetta Springs Before? Yes No When? _____

Prior to starting, you must complete a background check (at no expense to you). A copy of your driving record may be requested depending on the position/duties required.

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Are you legally eligible for employment in the United States? Yes No

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No

Job Related Skills (typing, computer experience, maintenance, cooking, housekeeping, etc.): _____

Activities / Memberships / Honors or Special Recognitions (Civic, Athletic, etc.): _____

FORMER EMPLOYERS List below your last three employers, starting with the last one first.

Date Month and Year	Name, Address and phone number of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

Name	Address Phone / Email	Position	Years Acquainted
1			
2			
3			

AUTHORIZATION

I authorize investigation of all statements and references contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Date: _____ Signature: _____

In Case of Emergency Notify: _____
Name

Address _____ Phone Number _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Interviewed By: _____ Date: _____

REMARKS: _____

INS Form I-9 completed? Yes No Salary/Wages: _____

Hired: _____ For Dept.: _____ Position: _____ Will Report: _____

Approved: 1. _____ 2. _____
Employment Manager Dept. Head