



# Towering Pines Resort

Jodi & Roger Nies

35172 South Clamshell Drive ♦ Pequot Lakes, MN 56472 ♦ (218) 543-4738

**Note to applicants:** Do not fill out application online. Print out & complete all sections by hand. We accept completed applications by mail or in person.

## Application for Employment

It is our policy to make reasonable accommodations for persons with disabilities in the hiring process. If your disability prevents you from reading or filling this application form, please let us know, and we will provide assistance.

<b>Position(s) for which are you applying? (check all that apply)</b> ◇ Housekeeping      ◇ Laundry      ◇ Lawn Care ◇ Office/Retail Store   ◇ Babysitting      ◇ Lead Employee ◇ Spring "Start Up"   ◇ Summer (Regular)   ◇ Fall "Shut Down"	<b>Date of Application:</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;"><b>Date Available for Work:</b></td> <td style="width: 30%; padding: 5px;"><b>Expected Salary:</b></td> </tr> </table>	<b>Date Available for Work:</b>	<b>Expected Salary:</b>
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**What Hours are you Available to Work (Between 7am and 10pm) on each day of the week?**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____

Last Name, First Name, Middle Initial	How many hours do you wish to work per week?
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Mailing Address	City	State	Zip code
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E-mail Address	Are you 18 years of age or Older? Yes      No If no, state date of birth: _____	Phone Number(s) where you can be reached:
County of Residence		

Education: Did you graduate from high school or receive a GED?    Yes    No

School Attended: \_\_\_\_\_

How many years of education have you had? (circle) 7 8 9 10 11 12 13 14 15 16 17 18 19 20 20+

Name and Location of College, University, Technical Schools	Did You Graduate?	Certificate or Degree Earned	Course of Study

**This Employer will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance.**

**List Employment History (starting with the most recent)**

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Length of Employment  
 From: \_\_\_\_\_  
           Month           Year  
 To: \_\_\_\_\_  
           Month           Year  
 Total: \_\_\_\_\_  
           Years           Months

Salary: \_\_\_\_\_

**Principal Responsibilities**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Reason for Leaving:***

May we contact this employer? Yes No  
 If no, explain:

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Length of Employment  
 From: \_\_\_\_\_  
           Month           Year  
 To: \_\_\_\_\_  
           Month           Year  
 Total: \_\_\_\_\_  
           Years           Months

Salary: \_\_\_\_\_

**Principal Responsibilities**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Reason for Leaving:***

May we contact this employer? Yes No  
 If no, explain:

Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Length of Employment  
 From: \_\_\_\_\_  
           Month           Year  
 To: \_\_\_\_\_  
           Month           Year  
 Total: \_\_\_\_\_  
           Years           Months

Salary: \_\_\_\_\_

**Principal Responsibilities**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Reason for Leaving:***

May we contact this employer? Yes No  
 If no, explain:

**Job Relevant Volunteer and Unpaid Work Experience**

Kind of Volunteer Activity	Major Responsibilities	Number of Hours/Week	Length of Service

**Describe any Additional Skills, Experience or Training that qualifies you for this job**

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**Indicate How Many Years You Have Experience in Operating:**

Cash Register    
  Lawn Mower    
  Trimmer    
  Vacuum    
  Computer

**Please provide names and contact information of three people outside of relatives who can be contacted regarding your qualifications, work habits and character**

Name	Present Complete Address	Phone Number	How does this person know you?

Have you served a sentence in jail or prison or been convicted of a felony for which a jail sentence could have been imposed? You may answer "No" if the conviction or criminal records have been annulled, sealed, set aside, or purged, or if you have been pardoned pursuant to the law.

**No                      Yes**

If "Yes, please attach a separate sheet with explanation. Information concerning this question will not be used to automatically bar you from employment but may be used to direct your interests to areas less related to the areas of your conviction.

Did you serve in the military service of this country and separate under honorable conditions from any branch of the armed forces of the U.S. after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty?

**Yes                      No**

In accordance with the Immigration Reform and Control Act of 1986, this employer hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

Minn Statute Sec 518.611, Subd.8, requires employers to obtain information from all new employees regarding court-ordered child support obligations that are required by law to be withheld from income. Failure to provide said documentation will result in dismissal.

If you are hired for this position you may be required to undergo a physical examination and/or drug screening and/or background check at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations need to be made for you.

We do not discriminate on the basis of disability status in the admission or access to, or treatment of employment in its programs or activities. It is the policy of this employer to provide reasonable accommodations to the known physical and mental limitations of qualified disability applicants and employees in order for them to perform the essential functions of the job in question.

**IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION**

This application is to assist in the hiring process. Certain information requested on the application is not public. It will be released only to you or to persons within the organization who need to know it in order to perform their job duties. If you are employed, the data will be available to the Internal Revenue Service and the Social Security Administration for Payroll purposes.

<b>Private Data</b>	<b>Why We Ask for It</b>	<b>Are You legally Obligated to provide it?</b>	<b>What May Happen if you don't provide it?</b>
Date of Birth (if Under 18)	To comply with child labor laws	Yes	Failure to provide information may be cause for rejecting an applicant
Mailing Address	To be able to send you notices	Yes	Failure to provide information may be cause for rejecting an applicant
Telephone Number	To be able to contact you to determine availability for interview	No	We might not be able to contact you for an interview
Sex, Racial/Ethnic Group, Disability Status, (this information is requested on a separate form.)	To be able to make Equal Opportunity reports as required by Law	No	We will not be able to determine whether our selection process results in unfair discrimination, or to take affirmative action in our hiring.
Conviction record	To determine whether we may legally accept an application from you and to determine whether your record may be a job-related consideration	Yes	We will not be able to make determinations required by law.

**This employer has the right to verify information provided in the application. False information may be grounds for rejecting this application or for dismissal following employment.**

**In connection with this application for employment, I authorize the employer and any agent acting on it's behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the employer and any agent acting on it's behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.**

Yes       Yes, but not present employer until job is offered       No. (We may be unable to hire you without this information)

**Date:** \_\_\_\_\_ **Signature (Do not print):** \_\_\_\_\_

**We are an EQUAL OPPORTUNITY EMPLOYER and encourage applications from women, minorities, and disabled persons.**