

EMPLOYMENT APPLICATION

We are seeking exceptional individuals looking for a challenging and exciting opportunity to be a part of an award-winning
luxury resort, spa and culinary team. We offer competitive pay and industry perks for all employees.

Applicant Information	Date:				
Last Name:	First Name:				
Street Address	Apartment/Unit #				
City State	ZIP Code				
Phone:	E-mail Address:				
Date Available:	Desired Salary: \$				
Position(s) Applied: 1 st	2 nd				
Why would you like to work for Dream Inn Santa Cruz?					
What skill sets/experience do you feel you can bring to Drean	n Inn Santa Cruz?				
Are you looking for long term employment? YES NO	Full-Time Part-Time On-Call Temp	orary			
Are you currently employed elsewhere? YES NO	If hired, do you intend to maintain this job? YES	NO			
Have you ever been terminated involuntary? YES NO	Please specify:				
Do you have a valid Driver's License? YES NO	License# State: Expiration:				
Can you perform the essential functions of this position(s)?	YES	NO			
We comply with all ADA requirements and will provide reasonable a	ccommodation measures that may be necessary for eligible				
applicants/employees to perform essential functions.	lf un dan 10 state and				
Are you at least 21 years of age? YES NO	If under 18, state age:	NO			
If hired, can you submit verification of your legal right to worl		NO			
Are you related to a current employee? YES NO	If yes, provide name and relationship:				
How did you hear about us? Bernardus Website Online Friend Other					
Did a current employee refer you? Are there any days of the week that prevent	If yes, please provide name:				
you from working here?	If yes, specify:				
	ertime 🗖 Please check all that applies.				
Have you ever worked for this company? YES NO	If yes, date and position:				
EDUCATION					
High School:	City & State:				
Did you graduate? YES NO Degree:					
College:	City & State:				
Did you graduate? YES NO Degree:					
Other:	City & State:				
Did you graduate? YES NO Degree:					

EMPLOYMENT HISTORY (We will accept a resume, although we require you to complete all areas of the				
employment history) Please start with your most recent employer, including military service.				
COMPANY:		Job Title:		
City & State		Phone:		
Supervisor:	Starting Salary: \$	Ending Salary: \$		
May we contact your previous supervisor?	YES	NO		
Dates of employment:	Reason for leaving	:		
Detailed responsibilities:				
COMPANY:		Job Title:		
City & State		Phone:		
Supervisor:	Starting Salary: \$	Ending Salary: \$		
May we contact your previous supervisor?	YES	NO		
Dates of employment:	Reason for leaving	:		
Detailed responsibilities:				
COMPANY:		Job Title:		
City & State	1	Phone:		
Supervisor:	Starting Salary: \$	Ending Salary: \$		
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Dates of employment:	Reason for leaving			
Detailed responsibilities:				
COMPANY:		Job Title:		
City & State		Phone:		
Supervisor:	Starting Salary: \$	Ending Salary: \$		
May we contact your previous supervisor?	YES	NO		
Dates of employment:	Reason for leaving			
Detailed responsibilities:				
Please provide details for employment gaps (if applies):				
Dates:				
Dates:				
Please list three professional references		Deletieneline		
Full Name:		Relationship:		
Company:		Phone:		
Full Name:		Relationship:		
Company:		Phone:		
Full Name:		Relationship:		
Company:		Phone:		

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company. (initial)

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation. (initial)

Signature:	Date: