



EMPLOYMENT APPLICATION

AS AN EQUAL OPPORTUNITY EMPLOYER, It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him/herself in a manner that reflects favorably upon the organization and to recognize that he/she is subject to additional public scrutiny in his/her public and personal life.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Background Check

	YES	NO	Have you ever been found guilty of a	YES	NO
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes to either, describe in detail along with the location, date, charge and disposition of case(s): (use back of paper if needed)

Disclaimer and Signature

	YES	NO	Are you available to work weekends and	YES	NO
Do you live in or near the Galveston area?	<input type="checkbox"/>	<input type="checkbox"/>	evenings?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	Are you able to withstand walking up and down	YES	NO
Are you bilingual?	<input type="checkbox"/>	<input type="checkbox"/>	stairs and climbing a step ladder?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	Are you able to work outside without any	YES	NO
Are you able to stand for extended periods of time (up to 6 hours) without any restrictions?	<input type="checkbox"/>	<input type="checkbox"/>	restrictions?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	Are you willing to undergo a background check,	YES	NO
Do you have any physical limitations to lifting at least 50lbs?	<input type="checkbox"/>	<input type="checkbox"/>	in accordance with local law/regulations?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO		YES	NO
Are there any other health related issues that would limit the job duties you're applying for?	<input type="checkbox"/>	<input type="checkbox"/>	Are you willing to undergo a drug screening?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	Are you able to handle stressful	YES	NO
Are you willing to work under a ZERO TOLERANCE SMOKING POLICY?	<input type="checkbox"/>	<input type="checkbox"/>	situations effectively and professionally?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



Drug Screening Consent & Release Form

At this moment, I do consent to submit to a drug test before employment or at random upon hire. I understand that I shall be required to furnish a sample of my urine, and up to hair sample for analysis by **FOUR SEASONS ON THE GULF (FSOTG)** selected screening provider, to meet the policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the **FSOTG** and its authorized agents and physicians to send the specimen or specimens collected to a laboratory for a screening test. The test will check for the presence of any prohibited illegal substances, and for the laboratory or testing facility to release any and all documentation relating to such test to **FSOTG**. I further agree to and at this moment authorize the release of the results of said tests to the **FSOTG**.

I understand that it is the current use of illegal drugs or that if in the last six months that would prohibit me from being employed at **FSOTG**. I also understand that if employed by **FSOTG**, I may be subject to additional screenings randomly or in the event of any accidents while on the job.

I further agree to hold harmless the **FSOTG** and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the **FSOTG** consideration of my application for employment. I will also professionally conduct myself in the selected clinic – failure to do so would result in a cancellation of drug screening and employment.

I have carefully read the preceding and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____
(First) (Middle) (Last)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Driver's License Number/State: _____

Signature: _____ Date: _____



Background Check Authorization

APPLICANT:

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize **FOUR SEASONS ON THE GULF** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **FOUR SEASONS ON THE GULF** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources to

FOUR SEASONS ON THE GULF and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____