



FERNWOOD RESORT

BIG SUR-CALIFORNIA

Employment Application

It is the policy of Fernwood Resort LLC, (herein called "Company") to provide equal employment opportunities to all applicants without regard to an applicant's race, color, religion, sex, national origin, age, marital status, veteran status, disability or any other status protected by law. If necessary, reasonable accommodations will be provided to allow an applicant to participate in the hiring process (i.e. accommodations for a test or job interview). When completing this application, you may exclude information regarding your race, religion, age, sex, marital status or veteran status, disability or any other status protected by law.

PLEASE PRINT - USE INK - COMPLETE ALL SECTIONS

Today's Date

GENERAL INFORMATION

Last Name		First Name		Middle Name
Home Address	City	State	Zip Code	Home Phone #
Mailing Address	City	State	Zip Code	Cell or Other Phone #
E-mail Address				

For the purpose of verifying your employment and educational history, please list any other names you have used while employed or attending school. Include the dates the names were used.

Are you able to perform the essential duties of the position for which you are applying, either with or without reasonable accommodations? Yes No
If necessary, please describe the essential duties you cannot perform and any accommodations you require.

All offers of employment are conditioned upon your ability to provide evidence of your right to legally be employed in the United States. The Company does not discriminate on the basis of citizenship or national origin. Are you legally eligible for employment in the United States? Yes No

JOB INFORMATION

Position Applying For	Check One	Check One
	<input type="checkbox"/> - Regular <input type="checkbox"/> - Seasonal <input type="checkbox"/> - Temporary	<input type="checkbox"/> - Full-Time (30 to 40 hours per week) <input type="checkbox"/> - Part-Time (Less than 30 hours per week)

Have you previously BEEN EMPLOYED by King Ventures, Boutique Hotel Collection or Otter Cove Group?

Yes No - If yes, please identify which property, employment dates, position and reason for leaving

<input type="checkbox"/> Boutique Hotel Collection <input type="checkbox"/> Sycamore Mineral Springs Resort <input type="checkbox"/> Avila Hot Springs <input type="checkbox"/> The Cliffs	<input type="checkbox"/> Fernwood <input type="checkbox"/> Apple Farm	Employment Dates _____ Position _____ Reason for Leaving _____
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Do you have any RELATIVES THAT CURRENTLY WORK FOR any property listed above?

Yes No - If yes, please identify their name and the property they work for

Have you ever been dismissed or asked to resign? Yes No If yes, please explain

EMPLOYMENT HISTORY

"SEE RESUME" IS NOT SUFFICIENT - Section below must be completed in full

Please provide a complete employment history listing all positions for the last 10 years including military, part-time, summer and volunteer. Attach a separate sheet if necessary.

Present Employer	Address		City	State	Zip Code	Telephone
Position			Supervisor's Name		Supervisor's Title	
Employed From Month Year	Employed To Month Year		Reason for Leaving			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain						
Duties						

Employer	Address		City	State	Zip Code	Telephone
Position			Supervisor's Name		Supervisor's Title	
Employed From Month Year	Employed To Month Year		Reason for Leaving			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain						
Duties						

Employer	Address		City	State	Zip Code	Telephone
Position			Supervisor's Name		Supervisor's Title	
Employed From Month Year	Employed To Month Year		Reason for Leaving			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain						
Duties						

Employer	Address		City	State	Zip Code	Telephone
Position			Supervisor's Name		Supervisor's Title	
Employed From Month Year	Employed To Month Year		Reason for Leaving			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain						
Duties						

Employer	Address		City	State	Zip Code	Telephone
Position			Supervisor's Name		Supervisor's Title	
Employed From Month Year	Employed To Month Year		Reason for Leaving			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain						
Duties						

Please explain all periods of two months or more in which you were not employed during the past two years.

EDUCATION

Type of School	Diploma / Degree Type (GED, H.S. B.A. Received)	Name of School City, State	Major Subject / Courses
High School			
College			
Graduate School			
Other			

SPECIAL SKILLS

Highlight your computer skills and knowledge

Please list skills other than clerical (including any professional license or certification earned and foreign language proficiency)

REFERENCES

In addition to the supervisors listed in the employment history section, list three professional references who can comment on your work performance

Name / Relationship	Address	Occupation Company / Job Title	Telephone #

OTHER RELEVANT EXPERIENCE

Please provide any other information that you think would be helpful to us in considering you for employment such as additional work experience (paid or unpaid), seminars, articles or books published, activities and accomplishments.

(You may exclude all information indicative of age, sex, race, color, religion, national origin, disability or any other status protected by law.)

EMPLOYMENT AVAILABILITY

Are you available to work:

Weekends: Yes ___ No ___ Holidays: Yes ___ No ___ Nights: Yes ___ No ___

** If required for the position you are applying for.

Do you prefer: Part Time ___ Full time ___ Are you available to work overtime? Yes ___ No ___

If part time, hours desired to work a week: _____

Please give the time and days you are available to work:

HOW WERE YOU REFERRED TO US

<input type="checkbox"/> Employee Name: _____	<input type="checkbox"/> Newspaper Name: _____
<input type="checkbox"/> School / College Name: _____	<input type="checkbox"/> Internet Site Name: _____
<input type="checkbox"/> State or Local Agency Name: _____	<input type="checkbox"/> Other Specify: _____

APPLICANT PLEASE READ AND SIGN

I certify that the answers given to the questions and the statements made (including statements on the attached resume and inserted forms, if any) on this application and in the hiring process are true and correct to the best of my knowledge. I understand that a false statement, a false answer, an omission or a misleading statement may result in a decision not to hire me, the withdrawal of any offer of employment, or the termination of my employment with the Company regardless of when false, misleading or erroneous information is discovered.

In connection with my application for employment, I authorize the Company, and any agent acting on its behalf to investigate and report on references given by me including former employers, personal references and educational institutions. I authorize the Company and any agent acting on its behalf to obtain information on my driving record if the position sought requires regular driving

I release the Company, and any agent acting on its behalf, and my former employers from any and all liability of any nature by reason of requesting such information from any person.

Where applicable, I agree that as a condition of continued employment, I must maintain the legal right to drive and be insured. I will comply with all traffic regulations, laws and ordinances in the operation of a motor vehicle while engaged in Company business.

I understand that, as a condition of employment, I am required by Federal Law to produce documentary evidence of my identity and legal right to be employed in the United States.

In consideration of my employment, I agree to conform to the rules and regulations of the Company. I also acknowledge that I may be required to participate in drug testing at the discretion of the Company

I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at the option of the Company. I may terminate my employment with or without cause and with or without notice. I further agree that the Company reserves the right to make unilateral changes in the terms and conditions of my employment and that this application does not create a binding employment contract between the Company and me. I understand and agree that the at-will nature of my employment may only be changed in writing by an authorized officer of the Company.

Applicant Name

Applicant Signature

Date