



# The MAJESTIC at LAKE WALDEN

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address City Zip*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
*Name Phone Alternate Phone*

Position Applied for: \_\_\_\_\_

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

Please name anyone you know that works here: \_\_\_\_\_

Do you have reliable transportation to and from work?      YES      NO  
     

If no, how will you get to work? \_\_\_\_\_

Do you have a valid driver's license?      YES      NO      License Number: \_\_\_\_\_  
     

How many days of school/work have you missed during the prior year due to illness? \_\_\_\_\_

Do you use tobacco products?      YES      NO  
     

You must be at least 16 years old to secure a valid work permit and drive a golf cart.

Can you secure a valid work permit?      YES      NO  
     

If no, please explain: \_\_\_\_\_

The Secretary of Health and Human Services has determined that certain diseases, including Hepatitis A, Salmonella, Shingles, Staphylococcus, Giardia, and Compylobacteria may prevent you from Serving food or handling food equipment in a sanitary fashion. Is there any reason why you cannot perform in a safe and sanitary fashion?

YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To fulfill Michigan's requirements for serving alcoholic beverages and filing gas driver vehicles, you must be at least 18 years old. Are you?

YES  NO

Do you have any impairments, physical, mental or medical, which could interfere with your ability to do the job for which you have applied? (Example: back pain, joint or limb impairments, allergies to food, chemicals, insects, medications, asthma or other respiratory difficulties, etc?)

YES  NO

If yes, please explain: \_\_\_\_\_

During the past seven years, have you ever been convicted of a crime, excluding misdemeanors and traffic citations? (answering yes does not exclude you from employment)

YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you a citizen of United States? YES  NO

If no, are you legally allowed to work in the United States? YES  NO

Have you ever applied for Worker's Compensation? YES  NO

If yes, please explain: \_\_\_\_\_

Are you currently on "lay off" status and subject to recall for work? YES  NO

The job for which you are applying may require you to work Saturdays, Sundays, and/or holidays. While reasonable accommodations may be made, are you willing to work such a schedule?

YES  NO

First date available to work: \_\_\_\_\_ Last day available to work: \_\_\_\_\_

Are you available to work weekends either before or after your days available listed above?

YES  NO

Please list any vacation time or days off you anticipate during the season: \_\_\_\_\_  
\_\_\_\_\_

Summarize your special skills, qualifications or training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

# yrs completed:: \_\_\_\_\_ Did you graduate? YES  NO  GPA: \_\_\_\_\_

College / University: \_\_\_\_\_ Address: \_\_\_\_\_

# yrs completed:: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other Education: \_\_\_\_\_ Address: \_\_\_\_\_

# yrs completed:: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**References**

*Please furnish the names, addresses, and telephone numbers of three people to whom you are not related and by whom you have not been employed.*

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

