

Please Check One: Hotel Position Spa Position

Please fill out and fax to: 707-942-6904
Or send to: 1457 Lincoln Ave. Calistoga CA 94515



Application for Employment

NAME

DATE

Position Applying For

Application for Employment

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Employment Record – Please start with your most recent employer, including military service. If you are currently employed, may we contact your present employer? Yes No

Name of Employer: _____ Telephone: _____
Address: _____
Name of Immediate Supervisor: _____ Title: _____
Your Title and Duties: _____
_____ Salary: Starting _____ Ending _____
Reason for Leaving: _____ Employed from: _____ to: _____

Name of Employer: _____ Telephone: _____
Address: _____
Name of Immediate Supervisor: _____ Title: _____
Your Title and Duties: _____
_____ Salary: Starting _____ Ending _____
Reason for Leaving: _____ Employed from: _____ to: _____

Name of Employer: _____ Telephone: _____
Address: _____
Name of Immediate Supervisor: _____ Title: _____
Your Title and Duties: _____
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Name of Employer: _____ Telephone: _____
Address: _____
Name of Immediate Supervisor: _____ Title: _____
Your Title and Duties: _____
_____ Salary: Starting _____ Ending _____
Reason for Leaving: _____ Employed from: _____ to: _____

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Have you ever worked for the Mount View Hotel & Spa? _____ If yes, indicate years worked:

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Please read carefully before signing:

The Mount View Hotel & Spa is an equal opportunity employer, and selects individuals best matched for the job based upon job-related qualifications regardless of race, religion, color, creed, sex, sexual orientation, national origin, age, disability, or any other status or characteristic protected by law.

I understand that completion of this application does not indicate that there are any positions open and does not obligate this company to hire me or offer me a job.

In the processing of my employment application, an investigation may be conducted whereby information and references will be requested from former employers. Permission is hereby granted to any school and person, firm or corporation, whether my former employer or otherwise, to give the Mount View Hotel & Spa any relevant information, including transcripts, records, or documents pertaining to my background and business experience that may be required as determined by the Mount View Hotel & Spa to arrive at an employment decision, and I hereby release the Mount View Hotel & Spa, its officers, employees, representatives, or agents, from any and all liability and/or damage incurred by myself in accessing or using such information.

In consideration of my employment, I agree to conform to the rules and regulations of the business. I understand that employment with the Mount View Hotel & Spa is "at will", that is, both the Mount View Hotel & Spa and I are free to terminate the employment relationship at any time, for any reason or for no reason, with or without cause or advance notice. While other personnel policies, procedures, and employee benefits of the Mount View Hotel & Spa may change from time to time at the organization's discretion, this "at will" employment relationship can be changed only by an express written employment contract signed by the General Manager of the Mount View Hotel & Spa. No other officer, director, or employee of the Mount View Hotel & Spa, other than the General Manager has the authority to alter in any way the "at will" status of my employment.

The Mount View Hotel & Spa reserves the right to use any method of investigation which, in its sole discretion, it deems reasonable and necessary to determine whether any employee has engaged in conduct warranting disciplinary action. As a condition of my employment, if hired, I agree to cooperate in any such investigation.

*I understand that if hired, my employment may be terminated by **the Mount View Hotel & Spa** due to any misrepresentation, misinformation or inaccuracy of the statements contained in this application. If hired, I agree to conform to the rules and regulations of **The Mount View Hotel & Spa**, as issued from time to time; I also attest that I am authorized to work in the United States. I understand this application will remain active for six (6) months, and if not hired by that date, I must renew my application to be considered for future employment.*

Signature _____ Date ____/____/____.
Applicant

PLEASE FILL OUT COMPLETELY AND ATTACH RESUME IF DESIRED.

Fax to: 707-942-6904