

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire.

Sheboygan Resort Operator LLC is an Equal Opportunity Employer



PERSONAL INFORMATION

| | | | |
|---|----------------|------------------|------|
| Last Name | First Name | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Referred by? (Employee's Name, Newspaper, Internet site etc.) | | | |

EMPLOYMENT DESIRED

| | | | |
|--|--|-----------------|------------------------------|
| Position(s) applying for: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | Date Available: | Wage/ Salary Desired \$_____ |
| Have you worked for Blue Harbor Resort before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What Department? _____ Dates: _____ | | | |
| ** I certify that I am a U.S. citizen, permanent resident, or foreign national with authorization to work in the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| ** Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please Explain: _____ | | | |

**THESE QUESTIONS MUST BE ANSWERED IN ORDER TO BE CONSIDERED FOR EMPLOYMENT

Availability

Blue Harbor operates 7 days a week, 365 days a year, which includes, nights, weekends and holidays. Can you meet this requirement? Yes No Please mark availability below:

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------|--------|--------|---------|-----------|----------|--------|----------|
| From | | | | | | | |
| To | | | | | | | |

Education History

| Education | Level or Degree Attained | Number of Years Attended | Major | Grade Point Average | Name of School | City, State | Did you Graduate? |
|--------------------|--------------------------|--------------------------|----------------|---------------------|----------------|-------------|--|
| High School or GED | | | Not Applicable | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Job Related Training Courses, Job Related Skills, Job Related Certificate(s) and License(s), or Special Remarks:

Military Experience

U.S. Armed Forces Yes No

| Branch of Service | Years of Active Duty | Date of Separation from Active Duty | Rank |
|-------------------|----------------------|-------------------------------------|------|
| | | | |



Employment Data – List below the last four Employers, starting with most recent. If you have a resume, we would appreciate receiving it along with this completed application.

| From | To | Employer's Name | Immediate Supervisor's Name and Phone # | May we Contact | Position Title and Duties | Wage | Reason for Leaving |
|------|----|-----------------|---|---|---------------------------|------|--------------------|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Please explain any gaps in employment: _____

Which of these jobs did you like the most, Why? _____

What did you like most about this job, Why? _____

Can you perform the essential functions of the position for which you are applying? Yes No **If no, please explain.**
 (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question).

References

| Name | Phone Number | Relationship | Year Acquainted |
|------|--------------|--------------|-----------------|
| | | | |
| | | | |
| | | | |

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my applications may be rejected and, if I am employed, my employment may be terminated at any time.

Applicant Signature _____ Date: _____

