

**PERSONAL DATA**

LAST NAME	FIRST	MIDDLE INITIAL
STREET ADDRESS		EMAIL:
CITY	STATE	ZIP
		Under Federal Law, employers are required to examine identity and work eligibility document(s) which indicate that an individual is authorized to work in the U.S.
		SOCIAL SECURITY NUMBER
TELEPHONE- AREA CODE & NUMBER/ALTERNATE ( ) ( )		Are you legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you 18 years of age or over? <input type="checkbox"/> YES <input type="checkbox"/> NO

**EMPLOYMENT**

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

The following conditions may be required at some point in a job assignment. If required, would you be willing to work:

- A. Shift Work?  YES  NO      B. Rotational work schedule?  YES  NO  
 C. A schedule other than Monday thru Friday?  YES  NO      D. Overtime work?  YES  NO

Please indicate your availability below:

(If you have open availability, please indicate open; if you have limited hours of availability, please indicate hours available; if you are not available on a certain day, please indicate N/A)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you able to perform the essential functions of the job for which you are applying?  YES  NO

If no, describe the function that cannot be performed \_\_\_\_\_

(Note: The Mission Inn Hotel & Spa complies with the FEHA/ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and/or agility tests.)

Have you ever been employed by the Mission Inn Hotel and Spa?  YES  NO

If yes, please give dates: \_\_\_\_\_ Position(s): \_\_\_\_\_

How were you referred to the Mission Inn Hotel & Spa? \_\_\_\_\_

Do you have a relative or spouse currently employed at the Mission Inn?  YES  NO

If so, please provide their name \_\_\_\_\_

**EDUCATION AND TRAINING**

Type of School	Name and Address of School	Years Completed				Graduated		Type of Degree or Certificate	Major/Minor Field of Study
		1	2	3	4	YES	NO		
High School									
College or University									
Other									

Languages: 1. \_\_\_\_\_  READ  WRITE  SPEAK  
 (List fluent only) 2. \_\_\_\_\_  READ  WRITE  SPEAK

**SECURITY DATA**

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  YES  NO

If yes, state nature of the crime(s), when and where convicted and status of case. \_\_\_\_\_

(Note: **A CONVICTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.** Exclude from your response minor traffic violations, misdemeanor marijuana convictions that occurred more than two years ago, offenses for which you were referred to, and participated in, any pre-trial or post-trial diversion programs, or any other convictions that have been sealed, expunged, or statutorily eradicated, such as certain juvenile offense records. The Mission Inn Hotel & Spa may, however, consider the nature, the date and circumstances of the offenses as well as whether the offense is relevant to the duties of the job applied for.)

## EMPLOYMENT INFORMATION

Please list your job history for the past 10 years (or last 4 employers). Start with your present status and note any periods in which you were not employed. Include U.S. Military service, seasonal/part-time jobs, and cooperative education assignments.

Company Name and Address	Dates Employed Month/Year	Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving
	FROM	START \$	Position:	
	TO	FINAL \$	Duties:	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE ( )	SUPERVISOR:			
Company Name and Address	Dates Employed Month/Year	Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving
	FROM	START \$	Position:	
	TO	FINAL \$	Duties:	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE ( )	SUPERVISOR:			
Company Name and Address	Dates Employed Month/Year	Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving
	FROM	START \$	Position:	
	TO	FINAL \$	Duties:	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE ( )	SUPERVISOR:			
Company Name and Address	Dates Employed Month/Year	Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving
	FROM	START \$	Position:	
	TO	FINAL \$	Duties:	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE ( )	SUPERVISOR:			

## PERSONAL REFERENCES

Name	Phone Number	Personal/Professional	How Long Known?

## PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I authorize the Mission Inn Hotel & Spa to investigate all statements in this application and secure any relevant information from the persons listed. I also authorize the employers, schools, or persons above to provide information on my employment, education, character and qualifications, and hereby release them from all liability. I further understand and agree that:

- a. This application is correct and complete to the best of my knowledge and belief. Any material misrepresentation or deliberate omission of a fact in this application may be justification for refusal of employment, or if employed, termination from Mission Inn Hotel and Spa.
- b. Business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these varying hours and/or schedules as conditions of employment.
- c. This is an application and not an employment contract. All employment is at will and can be terminated at any time by an employee or Mission Inn Hotel & Spa, with or without notice, with or without cause. This employment at-will policy can be modified only if reduced to writing with specificity as to all employment terms and is signed by the employee and the President of the Hotel.
- d. This application is current for only 30 days. At the conclusion of this time, if I have not heard from the Mission Inn Hotel & Spa and still wish to be considered for employment, it will be necessary to fill out a new application.
- e. All offers of employment at the Mission Inn Hotel & Spa are contingent on the successful completion of a drug/alcohol test. If a test result is positive, no further consideration will be given to the applicant.
- f. All new hires must provide proof of identity and legal authorization to work in the United States within the timeframe required by Federal Law.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\*The Mission Inn Hotel and Spa does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, sexual orientation, age, disability or medical condition, marital status, or veteran status.

**AUTHORIZATION AND RELEASE FORM  
FOR POST-OFFER/ PRE-EMPLOYMENT PHYSICAL AND  
DRUG AND ALCOHOL TESTING**

I, \_\_\_\_\_ (Applicant), do hereby agree to submit to one or more blood tests, physical examinations, urinalysis, or drug/alcohol screening test procedures to be conducted by **U.S. Heath Works Medical Group**, (hereinafter referred to as "Testing Agency"). These testing procedures are to be used to provide the prospective employer with medical information regarding the presence of drugs and/or alcohol in my body and to determine my physical suitability for employment with the prospective employer. I hereby authorize the Testing Agency to disclose such information to the Human Resources Department of the employer, or a designated agent/employee. The persons authorized to receive it only for the purpose of determining suitability for employment with the employer shall use such medical information. The Testing Agency is no longer authorized to disclose this information after thirty (30) days from the signing of this authorization.

I also hereby totally release any person or entity providing information pursuant to this authorization the employer, from any claims, or liabilities, whatsoever which in any way arise of or are associated with the release of this information.

A photocopy of this document will be as valid as the original even though the photocopy does not contain my original signature.

I have carefully read and fully understand the contents of the "Authorizations and Release."

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

NOTE: The person signing this authorization has a right to receive a copy of the authorization.

**PLEASE READ CAREFULLY**  
**APPLICATION AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**  
We truly welcome your application with Mission Inn (“Employer”).

**In pursuit of excellence in our employees, we require as a condition of our employment recommendation, that all applicants consent to and authorize an investigative consumer report of their background, concerning their character, general reputation, personal characteristics, and mode of living. The investigative agency is Insight Investigations Inc., P.O. 891571, Temecula, CA 92589 Ph. 800.615.8111**

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that the Employer may now, or at any time while I am employed, obtain any of the following: a physical examination by a designated professional; my urine specimen to be tested for the presence of drugs or alcohol; any criminal or civil court records pertaining to me from any federal, state or local court or justice agency in any state or country; interview my previous employers or other sources for my work history; contact my personal references; verify my education, professional licenses, professional liability insurance, credit history, and/or motor vehicle driving records, administer tests of skills, or other job-related matters; obtain workers compensation records and/or any other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility, in accordance with the employment policies of the Employer.

I authorize Insight Investigations Inc. (“Insight”) and any of its associates, to conduct this investigation as the authorized agent of the Employer, and to disclose orally and in writing the results of this verification process to the Employer.

I have read and understand this release and consent, and I authorize the background verification. I authorize all persons, employers, schools, courts, agencies and institutions to provide Insight with all information that may be requested, and I hereby release all persons and organizations providing such information from any and all claims and damages connected with the release of any requested information. I agree that any copy hereof is as valid as the original.

I do hereby agree to forever release and discharge the Employer, and/or its agent, Insight, and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses, and/or other charge or complaint arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and the nature and scope of the investigative report.

I understand that an offer of employment is contingent upon the outcome of my background check, and that this application authorization and consent for release of information is not an offer of employment by Employer or a contract for employment with Employer.

APPLICANT:

Name (Typed or printed)	Social Security Number		
Address	Drivers License Number	State	
City	State	Zip	Date of Birth
Signature	Date Signed		

Check here to receive a copy of the background screening report

Please do not contact my current employer