



The Mission Inn Hotel & Spa

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Best time(s) to be reached _____

Position Applied for: _____

I am interested in: Full Time Part Time Seasonal

Daily Availability

This information is for identifying an individual's range of availability across shifts. It does not guarantee a specific schedule.

	Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning (after 6am)							
Afternoon (after 11am)							
Evening (after 3pm)							
Night (after 5pm)							
Graveyard (after 10pm)							

Employment Information

If required, would you be willing to work on Holidays? YES NO

If required, would you be willing to work a schedule other than Mon.- Fri.? YES NO

If required, would you be willing to work overtime? YES NO

Are you 18 years of age or older? YES NO

Have you ever been employed by The Mission Inn Hotel & Spa? YES NO

Were you referred to our Company? YES NO

If yes, (you were referred), who referred you? _____

Do you have a relative who is currently employed at The Mission Inn Hotel & Spa? YES NO

This information is being requested solely with respect to The Mission Inn Hotel & Spa policy regarding work assignments of associates who are related. For example, for business reasons of supervision, safety, security or morale, The Mission Inn Hotel & Spa may refuse to place a family member under the direct supervision of another.

Previous Employment

MOST RECENT OR CURRENT EMPLOYMENT:

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Position Type: Full Time Part Time Seasonal

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

2nd MOST RECENT EMPLOYMENT:

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Position Type: Full Time Part Time Seasonal

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Education

High School: _____ City/State: _____

Did you graduate? YES NO GED Certificate Currently Enrolled

College/Other: _____ City/State: _____

Completed? YES NO Currently Enrolled Degree or Certificate: _____

College/Other: _____ City/State: _____

Completed? YES NO Currently Enrolled Degree or Certificate: _____

Are you bi-lingual or multi-lingual?

If yes, list the languages you speak. Identify if you read, write, or are fluent in the language: YES NO

Language: _____ Read Write Fluent

Language: _____ Read Write Fluent

Language: _____ Read Write Fluent

Professional References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

City/State: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

City/State: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

City/State: _____

Voluntary Self-Identification

Race/Ethnicity: Please check one of the descriptions below corresponding to the ethnic group with which you identify. These categories are established by the Federal Government. The information is utilized in required reporting and is not a factor in employment decisions.

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.
- I do not wish to disclose.

Gender

- I choose not to self-identify at this time Female Male

Veteran Status

- I identify as one or more of the classifications of protected veterans I am not a protected veteran Decline

Disability Status

- Yes, I have a disability No, I do not have a disability I do not wish to answer

Have you reviewed the essential functions of the job(s) for which you are applying? YES NO

This information is available upon request or may be found on job descriptions. If you believe you will need an accommodation to perform the job to which you are applying, please discuss that at the time of your interview. We will consider requests for reasonable accommodation that may be necessary for eligible applicants/employees to perform the essential functions of their jobs.

Disclaimer and Signature

- 1. All applicants and employees have equal employment opportunities with The Mission Inn Hotel & Spa regardless of race, religion (including religious dress and grooming practices), color, sex (including breastfeeding), gender, gender identity or expression, sexual orientation, national origin ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, medical condition, disability, genetic characteristics or any other category protected by applicable federal, state or local laws. Employment shall be based solely on The Mission Inn Hotel & Spa needs and the individual's qualifications.*
- 2. I certified that I have completed this application and the statements I have made in this application are true and completed. I authorize investigation of all statements contained in this application which The Mission Inn Hotel & Spa may deem relevant to my employment and authorize my previous employers or other persons having information concerning my records or me to report such information to The Mission Inn Hotel & Spa. I hereby release The Mission Inn Hotel & Spa, my former employer or other persons who may provide information from any liability as a result of providing such information.*
- 3. I understand and agree that if it is subsequently discovered that any information on this application is untrue or that I have failed to disclose a material fact, any offer of employment made to me by The Mission Inn Hotel & Spa may be immediately withdrawn or if I am already employed by The Mission Inn Hotel & Spa, I may be subject to immediate dismissal at the option of The Mission Inn Hotel & Spa. In such event, the withdrawal of any offer of employment made to me or the termination of employment shall be without any obligation or liability to me by The Mission Inn Hotel & Spa, other than for wages at the rate agreed upon for work I have actually performed for The Mission Inn Hotel & Spa.*
- 4. I understand that I will be required to sign a mutual arbitration agreement as a condition of employment. This means that both The Mission Inn Hotel & Spa and I are waiving any rights that we may have to a jury trial.*
- 5. If I become employed, I understand that I must comply with the rules, regulations, policies and procedures of The Mission Inn Hotel & Spa. I am aware of and understand the physical requirement of the job and certified that I can perform these requirements in a safe manner, with or without accommodations.*
- 6. In accordance with the Immigration and Control Act of 1986, The Mission Inn Hotel & Spa will only hire persons lawfully authorized to work in the United States. I understand that I will be required to complete the designated employment eligibility verification I-9 Form as a condition of employment.*
- 7. I understand that I may be required to undergo drug testing, pre-employment medical examination and/or a background check and that my employment is contingent upon these results. I will be advised if this is required and will complete the necessary authorizations.*
- 8. Business needs may at times make the following conditions mandatory: overtime, shift work, or a work schedule other than Monday through Friday. I understand and accept these varying hours and/or schedules as conditions of employment.*
- 9. This Employment Application is currently 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.*
- 10. I understand and agree that if I am employed as a result of this application, my employment will be for a unspecified term on an at-will basis, which I understand means that my employment may be terminated by The Mission Inn Hotel & Spa or me at any time with or without cause or notice. At-will employment may only be modified by an individualized written employment contract signed by both The Mission Inn Hotel & Spa and me.*

Check this box to indicate that you have read and agree with the information above.

Signature: _____ Date: _____