

EMPLOYMENT APPLICATION

Applications are retained on file for 12 months (Please Print or Type. Complete all Sections)

Sky High Camping Resort N5740 Sky High Drive Portage, WI 53901 (608) 742-2572

"An Equal Opportunity Employer"

| PERSONAL II | NFORMAT | ION | | | | |
|---------------------|-------------|-------------------------------------|---------------|-----------|----------------------------|-----|
| Name: | | | | So | c. Security # | |
| L | _ast | First | Middle | | | |
| Address: | | | | | | |
| | | reet | | City | State | Zip |
| Telephone: Cell (|) | Но | me <u>(</u>) | | Work () | |
| Email Address: | | | | | | |
| Citizenship Status: | | Permanent Re zenship or Immigrat | | | Other or to Employment) | |
| EMPLOYMEN | | <u>IATION</u> | | | | |
| Employment Desire | ed: 🗆 Weeke | nd Only □Week | end and Week | lay Com | pensation Requirements: | |
| Position Desired: | □ Inside St | aff Only 🛛 Outsi | de Staff Only | Both Ins | ide and Outside Staff | |
| Referral Source: | Advertis | ement 🛛 Friend | I □ Relative | □ Walk-in | Employment Agency | |

EDUCATION INFORMATION

Other

| LEVEL | INSTITUTION NAME | YEARS <u>COMPLETED</u> | MAJOR OR SPECIALIZATION | <u>GRADUATED</u> Yes No | DEGREE |
|----------------------------|------------------|---------------------------|----------------------------|----------------------------|--------|
| High School | | | | | |
| College/Univ. | | | | | |
| Advanced | | | | | |
| Commercial or Technical | | | | | |

CERTIFICATION/SPECIALIZED TRAINING

| Certificate | Date Acquired | Renewal Date | License Number |
|-------------|---------------|--------------|----------------|
| | · | | |
| | | | |
| | | | |

MILITARY SERVICE

| Veteran of U.S. Military Service? | □ Yes | □ No | If Yes, Branch | |
|-----------------------------------|-------|------|--|--|
| Type of Discharge: | | Memb | per of Reserves? □ Yes □ No If Yes, Branch | |

EMERGENCY CONTACTS

Primary Emergency Contact

Name:

Relationship:

Phone:

EMPLOYMENT EXPERIENCE (List Chronogically, Beginning with Present Employer)

| 1. Current Employer | Address | Phone Number | From Mo/Yr | To Mo/Yr | Last Salary |
|--|------------------------|------------------------------|-------------------|-----------------|--------------------|
| Job Title: | | Supervisor: | | | |
| Work Performed: | | | | | |
| | | | | | |
| Reason for Leaving: | | | | | |
| 2. Previous Employer | Address | Phone Number | <u>From Mo/Yr</u> | <u>To Mo/Yr</u> | Last Salary |
| Job Title: | | Supervisor: | | | |
| Work Performed: | | | | | |
| Reason for Leaving: | | | | | |
| 3. Previous Employer | Address | Phone Number | From Mo/Yr | <u>To Mo/Yr</u> | Last Salary |
| Job Title: | | Supervisor: | | | |
| Work Performed: | | | | | |
| | | | | | |
| Reason for Leaving: | | | | | |
| | | | | | |
| MISCELLANEOUS | | | | | |
| | ation with up hoforo | | when? | | |
| Have you ever filed an applie Have you ever worked for us | | | | | |
| Position: | | Reason | | | |
| Are any of your relatives (inc | | | | | |
| | | Relation | - | | |
| Have you ever been convicted | | | | | |
| If Yes, Date: | | Place: _ | | | |
| Charge: | | Disposit | ion: | | |
| Do you have a valid driver's | license: 🗆 Yes 🗆 | No If No, Reason: | | | |
| Is there anything that would | prevent you from em | ployment consideration wit | h our Compar | ıy? ⊡ Ye | s 🗆 No |
| If Yes, details: | | | | | |
| Have you ever been discharg | ged or asked to resig | n from a position? □ Yes | s □ No | | |
| If Yes, details: | | | | | |
| Why do you wish to make a | job change at this tim | ne? | | | |
| Are you able to perform the | essential job function | s of the position you are ap | plying for (i.e | ., weekend | s, arrive timely)? |

🗆 Yes 🗆 No

Do you require any special accommodations?
□ Yes □ No If Yes, please explain:

REFERENCES

Personal (Excluding Relatives)

| Name | Address | Phone | Association |
|-----------------------|--------------------------------|-------|-------------|
| - <u>1</u> . | | | |
| 2. | | | |
| 3. | | | |
| Business/Professional | | | |
| Name | Place of Employment/Occupation | Phone | Association |

APPLICANT STATEMENT

I certify that the information I have provided herein is true and complete, and I realize that misrepresentation or omissions will disqualify me from employment consideration or may be cause for my discharge. I affirm that I have a genuine intent in employment with Sky High Camping Resort, Inc. (hereinafter "the Company") and no other purposes in applying for a job with the Company. I further understand that any derogatory information discovered may prevent my being hired or, if hired, may subject me to immediate discharge.

I authorize the Company to investigate or have an investigative agency investigate all statements contained in this application and/or resumé submitted, including information pertaining to my personal history, education, criminal conviction record and financial/credit record. I also authorize all of my current and/or previous employers, references, credit reporting agencies/bureaus, educational institutions and any other person(s), institutions or agencies contacted by the Company to provide all records and information as requested by the Company either prior to, during or after my employment, and I release all parties, including Sky High Camping Resort, Inc., from any and all liabilities arising from such disclosures.

I agree not to publish or disclose to anyone outside the Company, or use in anything other than the Company's business, any trade secrets or confidential, technical or business information or material from the Company, either prior to, during or after employment with the Company, except with the Company's written permission.

In consideration of my employment, I agree to conform to and abide by the rules, regulations, policies and procedures of Sky High Camping Resort, Inc. I understand that my employment benefits and compensation can be terminated with or without cause, and with our without notice, at any time, at the option of either the Company or myself. I understand that no employee, representative or agent of Sky High Camping Resort, Inc. has the authority to enter into any oral or written agreement for employment for any period of time or to make or imply any agreement contrary to the foregoing. I further understand that this document, any employment interviews or any offer of employment does not constitute an employment contract and that any employment with Sky High Camping Resort, Inc. is strictly on an at-will basis.

If employed by Sky High Camping Resort, Inc., I understand that I will receive a copy of the Sky High Camping Resort, Inc. Company Employee Handbook, which outlines the Company benefits, policies and procedures, as well as my employment responsibilities. I understand that it is my responsibility to read, know and follow all policies contained within this Handbook. I also understand that the information contained within this Handbook is subject to change as situations warrant, and the Company has the right to amend this information unilaterally, with our without prior notice. I also understand changes in the policies may supersede, modify or eliminate the policies contained in the Handbook, in any way whatsoever, without prior notice.

If my employment with Sky High Camping Resort, Inc. is terminated, I understand and agree that the Company has no liability for wages or benefits except such as may have been earned up to the date of such termination. I understand that the Company can change wages, benefits and conditions of employment at any time without prior notification.

I understand and agree that any offer of employment by Sky High Camping Resort, Inc. to me is contingent on my ability to perform the essential job functions of the position which may be offered. I further understand and agree that if I am unable to perform such job functions with reasonable accommodation that such offer of employment may be revoked or rescinded by Sky High Camping Resort, Inc. at any time with or without notice.

I understand and agree to all parameters as outlined in the above statement as attested by my signature below, I also certify that I am willing to have a photocopy or facsimile of this authorization accepted with the same authority as the original.

Applicant Signature _

Date _____

| FOR ADMINISTRATIVE USE ONLY | | | | |
|-----------------------------|---------|---------|-------------|--|
| A (Date) | I(Date) | O(Date) | H (Date) | |
| Job Title: | | | | |
| Remarks: | | | | |