

→ EL CHORRO ←

L O D G E



since 1937

EMPLOYMENT APPLICATION

→ PERSONAL INFO ←

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY NUMBER _____ PHONE _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

POSITION APPLYING FOR (AND FOR WHICH YOU ARE QUALIFIED) _____

FULL TIME PART TIME SEASONAL TEMPORARY OTHER _____

WAGE EXPECTED (MINIMUM) _____

DATE AVAILABLE FOR EMPLOYMENT _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH EL CHORRO? YES NO

IF YES, WHEN? _____ WERE YOU INTERVIEWED? YES NO

LIST STATES AND COUNTIES OF RESIDENCE FOR THE PAST SEVEN YEARS _____

ARE YOU A CITIZEN OF THE U.S. OR DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S.? YES NO

Any offer of employment is conditioned upon completing form I-9 and providing documents establishing identity and work authorization.

HAVE YOU USED ANY OTHER NAME OR SOCIAL SECURITY NUMBER OTHER THAN THOSE LISTED? YES NO

FOR IDENTIFICATION PURPOSES ONLY. IF SO, PLEASE LIST: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

IF YES, WHEN? _____ WHERE? _____

NATURE & DISPOSITION OF CONVICTION: _____

Conviction of a felony will not automatically disqualify you from employment.

→ AVAILABILITY ←

WHEN ARE YOU AVAILABLE TO WORK?

	MO	TU	WE	TH	FR	SA	SU
HOURS AVAILABLE							

WHAT WOULD BE YOUR IDEAL WORK SCHEDULE?

	MO	TU	WE	TH	FR	SA	SU
HOURS AVAILABLE							

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→ EMPLOYMENT HISTORY ←

LIST LAST THREE POSITIONS, BEGINNING WITH YOUR MOST RECENT. PLEASE DO NOT TYPE "SEE RESUME".

IF YOU HAVE NO PREVIOUS EMPLOYMENT, PLEASE WRITE "N/A".

COMPANY NAME _____
YOUR JOB TITLE OR POSITION _____
FROM (MO/YR) _____ TO (MO/YR) _____
IMMEDIATE SUPERVISOR _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE NUMBER _____
WAGE OR SALARY STARTING _____ ENDING _____
IF STILL EMPLOYED, MAY WE CONTACT YOUR PRESENT SUPERVISOR? YES NO
IF YES, PRESENT SUPERVISOR PHONE # _____
REASON(S) FOR LEAVING _____
DESCRIBE YOUR DUTIES _____

COMPANY NAME _____
YOUR JOB TITLE OR POSITION _____
FROM (MO/YR) _____ TO (MO/YR) _____
IMMEDIATE SUPERVISOR _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
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WAGE OR SALARY STARTING _____ ENDING _____
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FROM (MO/YR) _____ TO (MO/YR) _____
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→ EDUCATION ←

INFORMATION REQUIRED TO SECURE RECORDS AND ALL PERTINENT DATA FROM SCHOOL OFFICIALS

	NAME	FROM (MO/YR)	TO (MO/YR)	GRADUATE?
HIGH SCHOOL	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
AREAS OF STUDY	_____	DATE DEGREE CONFERRED _____		
STREET ADDRESS*	_____			
CITY	_____	STATE	_____	ZIP CODE _____

	NAME	FROM (MO/YR)	TO (MO/YR)	GRADUATE?
COLLEGE/OTHER	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
MAJOR/MINOR	_____	DATE DEGREE CONFERRED _____		
STREET ADDRESS*	_____			
CITY	_____	STATE	_____	ZIP CODE _____

	NAME	FROM (MO/YR)	TO (MO/YR)	GRADUATE?
GRADUATE SCHOOL	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
MAJOR/MINOR	_____	DATE DEGREE CONFERRED _____		
STREET ADDRESS*	_____			
CITY	_____	STATE	_____	ZIP CODE _____

ARE YOU PRESENTLY ENROLLED IN SCHOOL? YES NO

IF YES, WHERE ENROLLED _____

PLEASE LIST BELOW ANY OTHER JOB RELATED ACCOMPLISHMENTS, PROFESSIONAL DISTINCTIONS, CERTIFICATIONS, OR VERIFIABLE VOLUNTEER WORK _____

→ MILITARY HISTORY ←

BRANCH/LOCATION _____

FROM (MO/YR) TO (MO/YR)

DATES OF SERVICE _____

DID YOU RECEIVE MILITARY TRAINING RELATED TO THE JOB FOR WHICH YOU ARE APPLYING? YES NO

IF YES, PLEASE EXPLAIN _____

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→ PROFESSIONAL REFERENCES ←

PLEASE DO NOT INCLUDE FAMILY MEMBERS

	NAME	ADDRESS (CITY/ST)	OCCUPATION	TELEPHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

→ STATEMENT OF UNDERSTANDING ←

The Smoke-Free Arizona Act, A.R.S. 36.601.01, prohibits smoking in all places of employment. The smoke-free Arizona Act specifically prohibits smoking in all work buildings & work vehicles & within 20 feet in any direction from any doors, windows, and/or ventilation systems of any buildings. The company prohibits smoking in all areas except those locations what have been specifically designated as smoking areas.

El Chorro Lodge has a non-smoking policy meaning that front of the house employees are not permitted to be seen smoking in uniform, nor are they ever permitted to smell like tobacco during work hours. Is this something that you are able & willing to accommodate?

YES NO

El Chorro requires all employees to have a food service worker license. You must obtain your card prior to your first day of employment.

I authorize the company, if applicable, to request a copy of my credit report, motor vehical driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, you will be notified as to the nature and scope of such investigations.

To ensure a drug free workplace, El Chorro will require pre-employment drug testing as a condition of employment. In addition El Chorro will also conduct post-accident testing, reasonable suspicion testing and random testing.

All applicants will receive consideration without regard to color, sex, marital status, sexual orientation, religion, age, natural origin, disability, handicap, veteran status, or any other protected category. Reasonable accommodation will be provided in accordance with the law.

El Chorro does not require or administer a lie detector test as a condition of employment. Such testing is prohibited in some states and an employer who violates this probation shall be subject to criminal and civil liability.

El Chorro is an equal opportunity employer. No question on this application is intended for the purpose of limiting of excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

By my signature below, I affirm that I have read and understand this application, that I have not withheld any information requested, and that any statements I have made are true and correct. I understand that any omission or misrepresentation of fact in this application may result in refusal or separation from employment.

I authorize verification and investigation of the statements made on this application and of my employment history.

If I am accepted for employment, I understand and agree that this is an at will relationship.

SIGNATURE _____ DATE _____