



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 to be reached _____ : _____

Position Applied for: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Position Type Full Time Part Time Seasonal

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Position Type Full Time Part Time Seasonal

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Additional Employment Information

If required, would you be willing to evenings? YES NO

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

If required, would you be willing to work a rotational work schedule? YES NO

If required, would you be willing to work a schedule other than Monday through Friday? YES NO

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

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

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

Are you 18 years of age or older?
Please Explain YES NO

Were you referred to our Company? YES NO

Do you have a relative or spouse currently employed at The Mission Inn Hotel & Spa?
(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 one spouse under the direct supervision of the other spouse.) YES NO

(If you believe you will need an accommodation to be able to perform the job, please feel free to discuss that at the time of your interview. We will consider all reasonable accommodations that may be necessary for eligible applicants/employees to perform the essential functions of their jobs.)

What is your daily availability?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning 6:30 am							
Afternoon 11 am							
Evening 3:00 pm							
Night 5:00 pm							

What languages do you speak? (Please enter languages separated by commas, and list if you can read, write, or are fluent in the language.)

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Voluntary Self-Identification

Race and Ethnicity

<input type="checkbox"/> I choose not to self-identify at this time	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> White (Not Hispanic or Latino)	<input type="checkbox"/> Black or African American (Not Hispanic or Latino)
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	<input type="checkbox"/> Asian (Not Hispanic or Latino)
<input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)	<input type="checkbox"/> Two or More Races (Not Hispanic or Latino)

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

Disability Status

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

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 am able to perform these requirements in a safe manner, with our 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 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 complete the necessary authorizations.*
8. *Business needs may at times make the following conditions mandatory; overtime, shift work, a rotation 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.*
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 applications.*
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.*

Please confirm you read and understand the above.

I Agree

Signature: _____

Date: _____