



MONTECITO CLUB APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All applicants for employment are required to complete and submit this Employment Application.

Montecito Club does not discriminate on the basis of sex, age, color, race, religion, marital status, national origin, ancestry, sexual orientation, physical & mental disability, medical condition, genetic information, gender identity, gender expression, military & veteran status, or any other basis protected by federal, state or local law.

APPLICATION INFORMATION

LEGAL NAME:		
LAST	FIRST	MIDDLE

HAVE YOU EVER WORKED UNDER ANOTHER NAME? YES NO

IF YES, UNDER WHAT NAME? _____

COMPLETE HOME ADDRESS (include PO Box, Apt. #, etc.):

Street	City	State
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County	Zip Code	Phone # () -	Email
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POSITION APPLYING FOR

JOB TITLE / TYPE OF WORK:	AVAILABLE START DATE:
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If necessary, are you available to work any of the following?			How did you learn about this job opening?
<u>OVERTIME</u>	<u>HOLIDAYS</u>	<u>WEEKENDS</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DESIRED EMPLOYMENT: Full-Time Part-Time Temporary

Have you ever worked for or applied for a position at Montecito Club Before? Yes No

If Yes, what position(s)? _____

Do you have any relatives working here? Yes No If Yes, who? _____

If hired, can you submit verification of your legal right to work in the U.S.? Yes No

Are you over 18 years of age? Yes No If under 18, do you have a work permit? Yes No

EDUCATION (Begin with the most recent college/university/technical school)

Educational institution/location name	Major	# of years	Graduate	Diploma / Degree
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Any professional designations, training, patents, publications, computer skills related to the job sought:

Application For Employment

WORK EXPERIENCE List current/most recent position FIRST (attach additional sheets if necessary)

COMPLETE ALL JOB HISTORY REGARDLESS OF RESUME ATTACHMENT

NAME OF EMPLOYER		ADDRESS / LOCATION	
TYPE OF BUSINESS	POSITION / TITLE	DATES EMPLOYED:	
		From	To
MANAGER'S NAME	MANAGER'S TITLE	PHONE	
		() -	

REASON FOR LEAVING:

NAME OF EMPLOYER		ADDRESS / LOCATION	
TYPE OF BUSINESS	POSITION / TITLE	DATES EMPLOYED:	
		From	To
MANAGER'S NAME	MANAGER'S TITLE	PHONE	
		() -	

REASON FOR LEAVING:

NAME OF EMPLOYER		ADDRESS / LOCATION	
TYPE OF BUSINESS	POSITION / TITLE	DATES EMPLOYED:	
		From	To
MANAGER'S NAME	MANAGER'S TITLE	PHONE	
		() -	

REASON FOR LEAVING:

REFERENCES

List three people (other than relatives) who are in a position to evaluate your previous employment performance, preferably former supervisors or people with whom you have worked. (If applying for a supervisory position, please include one subordinate)

You agree that we may contact each reference below:

NAME	TITLE	COMPANY	PHONE
			() -
NAME	TITLE	COMPANY	PHONE
			() -
NAME	TITLE	COMPANY	PHONE
			() -

Application For Employment

Please read the below carefully and then initial next to each paragraph.

Please sign and date in the space provided at the bottom of this page.

APPLICANT'S INITIALS	CERTIFICATION AND RELEASE
_____	I authorize Montecito Club (MC) to verify, in any manner, all statements made by me. MC may, for example, interview former employees, co-workers, schools, references, or others and request information and supporting documentation such as transcripts and evaluations.
_____	I authorize any and all former employers, references, or educational institutions to release all information relevant to my employment or education to MC, without giving me prior notice.
_____	I release from any liability or responsibility all persons, companies, and corporations supplying any information in verifying my statements above, as well as MC in connection with its obtaining such information for use in verifying my statements above.
_____	If employed by MC, I agree to comply with MC's policies and procedures, safety rules, and cooperate in any reasonable security investigation. I understand that I am not employed by or entitled to employment by MC unless and until I have received and accepted a written offer of employment from a MC representative. I also understand that no other act of MC, including the acceptance of my application for employment, the scheduling of interviews with me, or any oral or written statements of interest or encouragement, creates an employment relationship with me, and I will not rely on any such act of MC. I understand that if I am employed by MC, such employment is "at-will," which means that my employment and related compensation may be terminated at any time, with or without cause, and with or without advance notice by me or by MC.
_____	I understand that any misrepresentation or omission of fact on this application, my resume, any supplementary materials submitted by me, and interview responses, may be cause for a refusal to hire me or the termination of employment at any time during the period of my employment.
_____	I have reviewed this application personally, and I agree that all statements I have made on this application, in my resume, and other supplementary materials submitted by me are true and correct. I have not knowingly withheld any information that might adversely affect my chance for employment.

APPLICANT NAME (PRINTED): _____

APPLICANT SIGNATURE: _____ DATE: _____

Application For Employment

ASSOCIATE EMPLOYMENT AVAILABILITY

Please complete the following table in regards to your employment availability. This information will be used to schedule all Associates. Please make sure all information is accurate as you may be called upon to work during ANY times you mark as available. Montecito Club operates from 6:00am until Dark everyday and we are open on all holidays. Please take this into consideration when completing the form. Please list the times you ARE available to work in the weekly table below. If you are not available or have only partial availability on specific days, please note that as well. Keep in mind that this availability does not substitute as requests for time off. A separate form must be filled out for each Time Off Request.

* If your availability changes, it is your responsibility to contact your manager to request a new availability form and update your availability *

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation	6:00AM to Dark	6:00AM to Dark	6:00AM to Dark	6:00AM to Dark	6:00AM to Dark	6:00AM to Dark	6:00AM to Dark
Applicant Available Times (Each Day)							

Associate's Name (Printed): _____

Associate's Name (Signature): _____

Date: _____