



Amelia Island Plantation is an equal opportunity employer that selects the best qualified applicant for the job based on job-related qualifications, without regard to applicant's race, color, religion, national origin, sex, age, marital status, disability and veteran status. No question on this application is intended to secure information to be used for discrimination. If your answers or statements require additional space, you may include additional sheets with your signature at the bottom.

Instructions: Please print legibly in ink. If this is used as an automated form, please click into the gray shaded areas to type in text. Click on check boxes to mark them as checked. Each section must be completed. Enter "N/A" in the event information requested is not applicable. **A signature and date must be added at the end of this document.**

Personal Information

Last Name	First Name	Middle	Phone #:	
Cell or Office #:	E-mail Address:		Social Security #:	
Current Address: Street & Apt. #	City	State:	Zip: From: To:	
Previous Address: Street & Apt. #	City	State:	Zip: From: To:	

Have you ever been convicted of, or pled guilty, no contest or nolo contendere to a crime (excluding minor traffic offenses)?
 Yes No **If yes, give dates and details:** (Conviction does not automatically exclude you from consideration for employment and you will be given the opportunity to explain.)

Do you have any criminal charges pending? Yes No **If yes, please provide date and details:**

Are you under age 18?: No Yes Do you have a valid driver's license? Yes No

Driving may be a requirement of the position for which you are applying. Please list traffic violations for the past seven years, including month/year and miles over if a speeding violation:

If you are related to anyone employed at this resort, show name, relationship and department where they work:

(Current employment of a relative does not exclude an applicant from employment, but is used to prevent placement which may create a conflict of interest.)

Job Requirements

Indicate type of position(s) desired – be specific:

Type of employment desired: Full Time Part Time Seasonal/Temporary

Please check days you are able to work: S M T W TH F S

Are you willing to work any hours? Yes No If no, specify hours desired ____ Date available to begin work: _____

Are you willing to work weekends/holidays? Yes No What hourly wage/salary will you accept? _____

How were you referred to Amelia Island Plantation? Ad Agency Employee (Name) _____ Web Other

Were you previously employed by Amelia Island Plantation? Yes No **If yes, please list dates:** _____

Employment Record

Please complete in detail, starting with present or most recent employer. Explain any lapses of employment.

Date: Mo/Yr	Company/Organization	Supervisor	Job	Reason for Leaving
From:	Name:	Name:	Rate of Pay:	<input type="checkbox"/> Left/Notice Given <input type="checkbox"/> Left/No Notice Given <input type="checkbox"/> Terminated, explain Reason for Leaving:
To:	Address: City/State/Zip:	Phone #	Title/Duties:	
From:	Name:	Name:	Rate of Pay:	
To:	Address: City/State/Zip:	Phone #	Title/Duties:	<input type="checkbox"/> Left/Notice Given <input type="checkbox"/> Left/No Notice Given <input type="checkbox"/> Terminated, explain Reason for Leaving:
From:	Name:	Name:	Rate of Pay:	<input type="checkbox"/> Left/Notice Given <input type="checkbox"/> Left/No Notice Given <input type="checkbox"/> Terminated, explain Reason for Leaving:
To:	Address: City/State/Zip:	Phone #	Title/Duties:	
From:	Name:	Name:	Rate of Pay:	
To:	Address: City/State/Zip:	Phone #	Title/Duties:	<input type="checkbox"/> Left/Notice Given <input type="checkbox"/> Left/No Notice Given <input type="checkbox"/> Terminated, explain Reason for Leaving:

May we contact all employers listed above? Yes No If no, explain: _____

Have you held a position of trust? (Handling money or confidential material) Yes No

Please give 3 business references who are not relatives who may be contacted.

Name	Phone #	Occupation	Years Known

Education

Check highest year completed: High School 1 2 3 4 Did you Graduate? Yes No GED: Yes

Check highest year completed: College 1 2 3 4 Degree Associate Bachelors Masters Doctorate Major

Trade or Vocational school Military Branch Are you currently attending school? Yes No If yes, hours per week _____

Do you plan to return to school? Yes No If yes, when _____

Skills Record

Typing Yes No Speed Microsoft Office Suite Yes No Dictation Equipment Yes No PBX Equipment Yes No

Please check any technical skills, if applicable: A/C Refrigeration Electrical Plumbing Carpentry Painting Other

Certifications and Licenses

Please list any applicable certification: (Such as Lifeguard, CPR etc.)

Please list any applicable licenses you hold: (Such as CDL, HVAC etc.)



Are you able to perform all the duties of the job for which you are applying? Yes No
(If you do not know all of the job duties, contact Human Resources)

If you are unable to perform all of the duties of the job in question and the reason is because of a disability, are there modifications to the job, which would enable you to perform all the essential functions? Yes No If so, please discuss:

I authorize an inquiry to be made on the information contained in this application. I understand that the Company may investigate my driving record and may request an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I further understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

Former employers and references named herein are authorized to give information regarding me. They are hereby released from all liability for issuing such information.

I understand that misrepresentation or omission of facts will be cause for cancellation of consideration for employment or dismissal if employed. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any notice. I further understand that no one other than the President of the Company has the authority to modify this employment relationship and then only if in writing. I understand that if I am hired, I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law.

I understand that if driving is part of my duties that at the time of my application for employment I must have a current valid drivers license. I authorize the Company to secure a motor vehicle record (MVR) initially and periodically thereafter. I further understand that if hired, I must notify my supervisor immediately if there is any change in my drivers license status and any time I am cited for a traffic violation.

I further agree, if accepted for employment, to comply with all rules and regulations of Amelia Island Plantation, to perform all duties assigned to me to the best of my ability, and to be responsible for the Company property entrusted to my care. I hereby authorize the Company to deduct from my final check upon termination, any debts I may owe the Company or amounts due for lost or damaged items for which I may be accountable.

I have read and agree to comply with the company's grooming standards. I understand that as an AIP staff member, this is a condition of my employment and full compliance is necessary.

This application will be considered active for a maximum of ninety (90) days. If you wish to be considered for employment after that date, you must reapply.

Signature _____

Date _____

(Please print this form and sign and date it by hand)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



REFERENCE CHECKS

CRIMINAL BACKGROUND INFORMATION RELEASE:

I, (print name) _____, do hereby authorize Amelia Island Plantation to conduct a check of my background and to review any criminal history, which you may or may not have. I also authorize the Florida Department of Law Enforcement and SingleSource Services to release any information and/or documents related to such criminal history.

I further release and hold harmless Amelia Island Plantation, Florida Department of Law Enforcement and SingleSource Services, their officers, agents and staff members from any and all liability which might arise as a result of the release of this information.

Signature

PLEASE NOTE:

Our application asks for ALL criminal records, NOT just those that occurred in the last seven years. We also ask you to explain any felony or misdemeanor for which you pled NOLO Contendere (no contest). Amelia Island Plantation checks for criminal records on every staff member. Falsifying this information on your application is grounds for immediate termination.

EMPLOYMENT HISTORY REFERENCE RELEASE:

This will authorize disclosure to Amelia Island Plantation of any and all of the information requested below pertaining to my previous employment history and me. I hereby release Amelia Island Plantation and my previous employers from any and all liability for damages resulting directly or indirectly from such disclosures.

Date

Social Security Number

Print Name

Signature

Below is an "EXAMPLE" of the information that will be requested:

Former Job Title _____

Verify Salary _____

Employment Dates _____

Recommended for Rehire _____

	Excellent	Good	Fair	Poor
Positive Attitude				
Attendance				
Punctuality				
Team Player				
Customer Service				
Reason for Leaving				