

Lincoln Pines Resort

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(812) 646-7100
staylincolnpines@gmail.com

Employment / Job Application Personal Information

FULL NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): ____ - ____ - ____

BIRTHDATE: _____

DATE AVAILABLE TO START WORK: _____

DESIRED PAY: \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

DO YOU HAVE TRANSPORTATION TO AND FROM WORK? _____

HOW MANY HOURS PER WEEK WOULD YOU LIKE TO WORK? _____

ARE THERE ANY DAYS OF THE WEEK YOU ARE UNABLE TO WORK?

ARE YOU AVAILABLE TO WORK MOST SUNDAYS? _____

PLEASE LIST ALL DAYS YOU WILL NOT BE ABLE TO WORK THIS SEASON DUE TO
VACATION, DOCTORS APPTS, CAMPS, SPORTS.

EMPLOYMENT HISTORY

EMPLOYER #1: _____

E-MAIL: _____ PHONE: _____

PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

EMPLOYER #2: _____

E-MAIL: _____ PHONE: _____

PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

STARTING DATE: _____ ENDING DATE: _____

REASON FOR LEAVING: _____

REFERENCES

REFERENCE #1: _____ RELATIONSHIP: _____

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE:** _____