

MOUNT PRINCETON HOT SPRINGS RESORT

Princeton Holdings, LLC

15870 County Road 162 Nathrop, CO 81236 719/395-2447 fax 719/395-6249

EMPLOYMENT APPLICATION

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(please print)

Position Applied For:	Date of Application	Date of Interview
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How were you referred to us?	Do you require any assistance, to participate in the application process?	YES	NO
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Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number	Cell Number	Salary Required	E-mail Address
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Best time to contact you at home is....._____AM PM. Available to start_____immediately

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES NO

Have you ever filed an application with us before? YES NO when?_____

Have you ever been employed with us before? YES NO when?_____

Do any of your friends or relatives, other than spouse, work here? Yes NO name_____

Are you presently employed? YES NO May we contact your employer? YES NO

Are you legally allowed to work in the United States? YES NO

Type of Employment desired: Full-Time Part-Time Temporary Seasonal Salary \$_____

Have you ever plead guilty or been convicted of a crime? YES NO If yes please give details

Do you have a driver's license? YES NO Driver's license number_____

Do you have any medical conditions that you would like to make us aware of?

Summarize Your Special Skills or Qualifications

EDUCATION Name and address	Course of Study	Number of Years Completed	Diploma / Degree

Previous Employment Experience(begin with most recent position)

Dates of Employment:	From_____	To_____	Position Held:_____
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Company Name:			
City:	State:	Zip	
Phone:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title		Ending Title and Salary:	
Reason for Leaving:			
May we contact this employer for a reference?		YES	NO

Dates of Employment:	From _____	To _____	Position Held: _____
Company Name:			
City:	State:	Zip	
Phone:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title		Ending Title and Salary:	
Reason for Leaving:			
May we contact this employer for a reference?		YES	NO

Dates of Employment:	From _____	To _____	Position Held: _____
Company Name:			
City:	State:	Zip	
Phone:	Supervisor:	Title:	
Responsibilities:			
Starting Salary and Title		Ending Title and Salary:	
Reason for Leaving:			
May we contact this employer for a reference?		YES	NO

State any additional information you feel may be helpful to us in considering your application.			
References: Name, Address, Telephone Number			
1			
2			
3			

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or individuals from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant	Date
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