

62543 US Highway 40, Ste. E | P.O. Box 4006 | Granby, CO 80446

970-887-4923 | 970-887-4090 Fax

Employme	nt Application						
*Resort Management Group, LLC is an Equal Employment Opportunity Employer*							
Applicant Name (First/Middle/Last):							
Application Date:	Date Available to Begin Work:						
Position Applying For:	Desired Salary:						
Are you interested in:  Part-Time  Full-Time  Seasonal  Temporary  Other							
Phone: Alternative No.	Email:						
Mailing Address:	City/State/Zip:						
<b>Referral Source (How did you hear about us):</b> Newspaper  Online  Work Force  Friend  Other							
Are you able to work weekends:   Yes  No	Are you at least 18 years of age:  Yes  No						
Are you able to work Holidays:   Yes  No	If under the age of 18, are you at least a Freshman in High						
Please list hours/days you prefer to work:	School: 🗆 Yes 🗆 No						
	If no, are you able to provide a work permit:  Yes  No						
Have you ever been convicted or plead guilty to a felony crim	ne: 🗆 Yes 🗆 No						
Have you ever been employed by Resort Management Group before:							
	nent History						
	ollowing information. <i>Resume attached will not be accepted as a substitute.</i>						
	_ Date Started: / / Ended: / / 🗖 or to present						
Mailing Address:							
	Phone: Cell:						
Desition Hold:	Peginning Wage \$ Ending Wage \$						
Were or are you paid: 🛛 Hourly 🖾 Salaried 🛛 Did you receive bonus or commission payments: 🖾 Yes 🗖 No							
Responsibilities:							
Reason(s) for Leaving:							
May we contact this Employer for Verification of Employment purposes:  Yes  No							
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Employer:	_ Date Started: / / Ended: / / 🗖 or to present						
Mailing Address:	City/ST/Zip:						
Manager/Supervisor:	Phone: Cell:						
	Beginning Wage \$ Ending Wage \$						
Were or are you paid: Hourly Salaried Did you receive bonus or commission payments: Yes No							
Responsibilities:							
Reason(s) for Leaving:							
May we contact this Employer for Verification of Employmen							

Employer:		Date Starte	ed: /	/	Ended:	/	/	□ or to present
Mailing Address:		City/ST/Z	'ip:					
Manager/Supervisor:		Phone: Ce		Cell:				
Position Held:		Beginning Wage \$			Ending Wage \$			
Were or are you paid: 🗆 Hourly 🗆 Salaried 🛛 Did you receive bonus or commission payments: 🗆 Yes 🗖 No								
Responsibilities:								
Reason(s) for Leaving:								
May we contact this Employer for Verification of Employment purposes:  Yes  No								
Skills and Qualifications								
Please list any special skills or qualifications that may match the position applying for:								
Educational History								
Starting with your most recent school attended please provide the following information								
School/City/State	Yea	ars Completed	Completed				Major/Minor	
			Diploma Degree	□G				
		□ Degree □ Certification _ □ Other		on				
			Diploma	G	ED		-	
			Degree Certificatio				-	
			Other     GED					
		Degree      Certification						
			Other	on			-	
Professional References								
Name	Occupation	Relationship	to you		Pho	ne		Years known
				(				
				-	)			
					)			
Applicant Statement and Acknowledgment								
I certify that all information I have provided in I expressly authorize, without reservation, RN employers, public agencies, licensing authorit resume or job interview. I hereby waive any and all rights and claims I nondefamatory information, in a lawful manr I understand that RMG does not unlawfully d	AG, its representatives, employe ies and educational institutions may have regarding RMG, its ag her, in the employment process	es or agents to contact a and to otherwise verify th ents, employees or repre- and all other persons, cor	nd obtain ir he accuracy sentatives, rporations c	formation of all in for seeki	on from all re formation pro ng, gathering zations for fu	feren ovideo gand u rnishii	ces (perso I by me ir using trut ng such ir	onal and professional), n this application, hful and nformation about me.

from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from RMG and still wish to be considered for employment, be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and RMG reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of RMG is authorized to make any assurances to the contrary and that no implied or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by RMG's president I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require complete an 1-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from RMG's whenever it is discovered.

## DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: ×

Date: