

EMPLOYMENT INFORMATION

Please list your job history for the past 10 years (or last 4 employers). Start with your present status and note any periods in which you were not employed. Include U.S. Military service, seasonal/part-time jobs, and cooperative education assignments.

Company Name and Address	Dates Employed Month/Year	Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving
	FROM	START \$	Position:	
	TO	FINAL \$	Duties:	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE ()	SUPERVISOR:			
Company Name and Address	Dates Employed Month/Year	Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving
	FROM	START \$	Position:	
	TO	FINAL \$	Duties:	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE ()	SUPERVISOR:			
Company Name and Address	Dates Employed Month/Year	Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving
	FROM	START \$	Position:	
	TO	FINAL \$	Duties:	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE ()	SUPERVISOR:			
Company Name and Address	Dates Employed Month/Year	Base Rate of Pay	Position Title and Description of Duties	Reason for Leaving
	FROM	START \$	Position:	
	TO	FINAL \$	Duties:	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE ()	SUPERVISOR:			

PERSONAL REFERENCES

Name	Phone Number	Personal/Professional	How Long Known?

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I authorize the Mission Inn Hotel & Spa to investigate all statements in this application and secure any relevant information from the persons listed. I also authorize the employers, schools, or persons above to provide information on my employment, education, character and qualifications, and hereby release them from all liability. I further understand and agree that:

- a. This application is correct and complete to the best of my knowledge and belief. Any material misrepresentation or deliberate omission of a fact in this application may be justification for refusal of employment, or if employed, termination from Mission Inn Hotel and Spa.
- b. Business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these varying hours and/or schedules as conditions of employment.
- c. This is an application and not an employment contract. All employment is at will and can be terminated at any time by an employee or Mission Inn Hotel & Spa, with or without notice, with or without cause. This employment at-will policy can be modified only if reduced to writing with specificity as to all employment terms and is signed by the employee and the President of the Hotel.
- d. This application is current for only 30 days. At the conclusion of this time, if I have not heard from the Mission Inn Hotel & Spa and still wish to be considered for employment, it will be necessary to fill out a new application.
- e. All offers of employment at the Mission Inn Hotel & Spa are contingent on the successful completion of a drug/alcohol test. If a test result is positive, no further consideration will be given to the applicant.
- f. All new hires must provide proof of identity and legal authorization to work in the United States within the timeframe required by Federal Law.

SIGNATURE OF APPLICANT

DATE

*The Mission Inn Hotel and Spa does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, sexual orientation, age, disability or medical condition, marital status, or veteran status.

**AUTHORIZATION AND RELEASE FORM
FOR POST-OFFER/ PRE-EMPLOYMENT PHYSICAL AND
DRUG AND ALCOHOL TESTING**

I, _____(Applicant), do hereby agree to submit to one or more blood tests, physical examinations, urinalysis, or drug/alcohol screening test procedures to be conducted by ***U.S. Heath Works Medical Group***, (hereinafter referred to as "Testing Agency"). These testing procedures are to be used to provide the prospective employer with medical information regarding the presence of drugs and/or alcohol in my body and to determine my physical suitability for employment with the prospective employer. I hereby authorize the Testing Agency to disclose such information to the Human Resources Department of the employer, or a designated agent/employee. The persons authorized to receive it only for the purpose of determining suitability for employment with the employer shall use such medical information. The Testing Agency is no longer authorized to disclose this information after thirty (30) days from the signing of this authorization.

I also hereby totally release any person or entity providing information pursuant to this authorization the employer, from any claims, or liabilities, whatsoever which in any way arise of or are associated with the release of this information.

A photocopy of this document will be as valid as the original even though the photocopy does not contain my original signature.

I have carefully read and fully understand the contents of the "Authorizations and Release."

Applicant

Date

NOTE: The person signing this authorization has a right to receive a copy of the authorization.

PLEASE READ CAREFULLY
APPLICATION AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION
We truly welcome your application with Mission Inn ("Employer").

In pursuit of excellence in our employees, we require as a condition of our employment recommendation, that all applicants consent to and authorize an investigative consumer report of their background, concerning their character, general reputation, personal characteristics, and mode of living. The investigative agency is Insight Investigations Inc., P.O. 891571, Temecula, CA 92589 Ph. 800.615.8111

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that the Employer may now, or at any time while I am employed, obtain any of the following: a physical examination by a designated professional; my urine specimen to be tested for the presence of drugs or alcohol; any criminal or civil court records pertaining to me from any federal, state or local court or justice agency in any state or country; interview my previous employers or other sources for my work history; contact my personal references; verify my education, professional licenses, professional liability insurance, credit history, and/or motor vehicle driving records, administer tests of skills, or other job-related matters; obtain workers compensation records and/or any other information as deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment eligibility, in accordance with the employment policies of the Employer.

I authorize Insight Investigations Inc. ("Insight") and any of its associates, to conduct this investigation as the authorized agent of the Employer, and to disclose orally and in writing the results of this verification process to the Employer.

I have read and understand this release and consent, and I authorize the background verification. I authorize all persons, employers, schools, courts, agencies and institutions to provide Insight with all information that may be requested, and I hereby release all persons and organizations providing such information from any and all claims and damages connected with the release of any requested information. I agree that any copy hereof is as valid as the original.

I do hereby agree to forever release and discharge the Employer, and/or its agent, Insight, and their associates, to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses, and/or other charge or complaint arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and the nature and scope of the investigative report.

I understand that an offer of employment is contingent upon the outcome of my background check, and that this application authorization and consent for release of information is not an offer of employment by Employer or a contract for employment with Employer.

APPLICANT:

Name (Typed or printed)	Social Security Number		
Address	Drivers License Number	State	
City	State	Zip	Date of Birth
Signature	Date Signed		

Check here to receive a copy of the background screening report

Please do not contact my current employer