

RESORT LIFESTYLE COMMUNITIES APPLICATION FOR EMPLOYMENT

****ALL INFORMATION YOU PROVIDE ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL****

INSTRUCTIONS TO APPLICANT: This application is our chief source of information for referring you to departments with job openings; therefore, it is important that you clearly and completely state your interests and qualifications on this application form. All sections **MUST** be completed. Note that there are sections on the back of this page. Please attach any additional information you think may be helpful.

Name _____ Social Security No. _____
(Last) (First) (Middle)

Address _____ Home Phone (____) _____

City, State, Zip _____ State _____ Zip _____ Cell Phone (____) _____

Date of Application ____ / ____ / _____ Message Phone (____) _____

Type of Position Desired

Indicate position(s) desired.

- | | | |
|---|---|--|
| Resident Manager <input type="checkbox"/> | Concierge <input type="checkbox"/> | Chef/Food Service Manager <input type="checkbox"/> |
| Cook <input type="checkbox"/> | Dishwasher <input type="checkbox"/> | Housekeeper <input type="checkbox"/> |
| Maintenance/Transportation <input type="checkbox"/> | Dining Room Supervisor <input type="checkbox"/> | Food Server <input type="checkbox"/> |
| Other <input type="checkbox"/> | Lifestyle Director <input type="checkbox"/> | Marketing Director <input type="checkbox"/> |

Date Available to Start: _____ Hours Available: _____ to _____	(Check all that apply) Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Daytime <input type="checkbox"/> Evening <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>
Wage Desired \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Year	Will You Work Overtime If Asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: Do not answer until you have read the job description that lists the activities involved in the position(s) for which you have applied.	
Are you able to perform the essential functions of the position(s) for which you have applied with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

General Information

- Do you have the legal right to be employed in the United States? Yes No
(If offered a position, the Immigration and Control Act of 1986 requires you to furnish proof of your employment authorization before you can begin work)
- Do you have a current and valid Driver's License? Yes No
- Have you ever been convicted of a felony? Yes No
- Have you ever been convicted of a misdemeanor offense involving a physical act such as, but not limited to, abuse, neglect, assault, battery, or damage to property? Yes No
(An affirmative answer will not automatically disqualify you from being a candidate for employment)

If "Yes" to either two questions above, please explain:

List all special skills, volunteer experience, professional or occupational licenses:

References

List three persons **OTHER THAN RELATIVES** who have personal knowledge of and are familiar with your work performance, as well as your skills and character:

Name (First, Last)	Relationship to applicant	Address & E-mail	Phone

Employment Record

- ✓ List your present or most recent employer FIRST.
- ✓ Include U.S. Armed Forces experiences.
- ✓ If you need more space, please use back side of application.
- ✓ Indicate name change if applicable.

If still employed, may we contact your present employer? Yes No

EMPLOYER 1, NAME:

Dates of Employment From: To:	Street Address, City, State, Zip	Phone: e-mail:
Name & Title of Supervisor	Reason for Leaving:	Starting Pay: \$ Ending Pay: \$
Your Position/Title	Main Duties / Responsibilities	

EMPLOYER 2, NAME:

Dates of Employment From: To:	Street Address, City, State, Zip	Phone: e-mail:
Name & Title of Supervisor	Reason for Leaving:	Starting Pay: \$ Ending Pay: \$
Your Position/Title	Main Duties / Responsibilities	

EMPLOYER 3, NAME:

Dates of Employment From: To:	Street Address, City, State, Zip	Phone: e-mail:
Name & Title of Supervisor	Reason for Leaving:	Starting Pay: \$ Ending Pay: \$
Your Position/Title	Main Duties / Responsibilities	

Have you ever been bonded? Yes No

If yes, with what employer(s)? _____

Educational Record

Give your complete educational history. Indicate the name(s) used on school records if different from above.

School Type	School Name/Location	Degree/Cert. (i.e. Associates)	Field of Study	Complete %	Still Attending
High School					
College/Tech 1					
College/Tech 2					
Graduate School					

Miscellaneous

APPLICANT COMMENTS:

I attest to the accuracy and truthfulness of the information provided, and I understand that falsification or omission of any information could result in my disqualification from further consideration in the hiring process, or, if hired, termination of my employment.

I understand that consideration for employment is conditioned upon the results of a comprehensive background check. I authorize RESORT LIFESTYLE COMMUNITIES and its agents to investigate all statements made by me on this application, and to conduct a thorough investigation of my past employment, education, and activities. I agree to cooperate in such investigation and release from all liability or responsibility all persons and corporations requesting or supplying such information. I also understand that this investigation may include a criminal check, a credit check, and a driving record history check of my background.

I understand that this Application for Employment is not a contract and cannot create a contract.

If employed by the company, I understand it is "at-will" and I further agree to abide by its rules and regulations.

Date _____ **Signature** _____

DRUG-FREE WORKPLACE POLICY

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

It is the purpose of Resort Lifestyle Communities to help provide a safe and drug-free work environment for our clients and our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of Resort Lifestyle Communities.

Resort Lifestyle Communities (RLC) explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Company or customer premises or while performing an assignment.
- Being impaired or under the influence of legal or illegal drugs or alcohol away from RLC or customer premises, if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk RS's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from RLC or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk RLC's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of RLC or its customers, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

RLC will conduct drug testing under any of the following circumstances:

- **RANDOM TESTING:** Employees may be selected at random for drug testing at any interval determined by RLC.
- **FOR CAUSE TESTING:** RLC may ask an employee to submit to a drug test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- **POST-ACCIDENT TESTING:** Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was injured, but also any employee who potentially contributed to the accident or injury event in any way.

If an employee is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such a case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective.

I hereby agree, upon a request made under the drug/alcohol testing policy of RLC, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have RLC and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Walnut Grove and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize RLC to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless RLC, its company physician, and any testing laboratory RLC might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless RLC, its company physician, and any testing laboratory RLC might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT RLC WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

Signature of Employee

Date

Employee's Name - Printed

RLC Company Representative

Date

DRUG AND/OR ALCOHOL TESTING CONSENT FORM