



The Allison Inn & Spa

An equal opportunity employer providing a drug-free workplace.

Applicants will be given every consideration, but receipt of an application does not imply that an applicant will be employed.

PLEASE PRINT

| | | | |
|--|------------|---|--|
| Position Applying For: | | Date: | |
| Last Name | First Name | Middle Name | |
| Present Address | | Apt/Unit # | |
| City | State | Zip Code | County |
| Phone # | Cell # | E-mail | |
| <p>Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be legally employed in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/></p> | | | |
| <p>Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/></p> | | | |
| <p>Have you ever been discharged from any employment or asked to resign? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain.</p> | | | |
| <p>Are you able to perform the tasks of the job for which you are applying, with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered "no" please describe the tasks that can't be performed.</p> | | | |
| <p>Do you prefer full-time or part-time work? FT <input type="checkbox"/> PT <input type="checkbox"/> What days and hours are you available to work?</p> | | <p>Were you referred by an employee(s) or agency? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide their name(s):</p> | |
| | | <p>Do you have relative(s) or friend(s) presently employed at The Allison Inn & Spa? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide name(s) and relationship(s).</p> | |
| Education, Training, Skills | | | |
| High School or GED Granting Agency | City | State | Did you earn a High School Diploma or GED? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Trade School or College | City | State | Degree: |
| <p>Skills, Certificates, Licenses or Certifications: (including fluency in other languages, computer skills, experience using hospitality software)</p> | | | |

Employment History – Begin with most recent employer first. This section must be completed in full even if attaching a resume.

| | | |
|-------------------|---------------------|-------------|
| Company: | Phone: | |
| Street Address: | | |
| City, State Zip: | | |
| From: | To: | Supervisor: |
| Job Title: | Reason for leaving? | |
| Responsibilities: | | |
| Company: | Phone: | |
| Street Address: | | |
| City, State Zip: | | |
| From: | To: | Supervisor: |
| Job Title: | Reason for leaving? | |
| Responsibilities: | | |
| Company: | Phone: | |
| Street Address: | | |
| City, State Zip: | | |
| From: | To: | Supervisor: |
| Job Title: | Reason for leaving? | |
| Responsibilities: | | |

**Allison Inn & Spa Disclaimer
(Please read and initial each section)**

It is the policy of The Allison Inn & Spa to afford equal opportunity to all employees and applicants without regard to age, race, religion, color, sexual orientation, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any and all characteristics protected by federal, state or local law. (____)

I understand that falsification, misrepresentation or omission of facts on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. (____)

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information, and I also release The Allison Inn & Spa from all liability that might result from making an investigation. (____)

I understand The Allison Inn & Spa requires me to pass a background investigation, conducted post offer of employment. Should the investigation reveal unsatisfactory results, the offer of employment will be rescinded. (____)

If hired, I agree to abide by all of The Allison Inn & Spa policies, as well as Oregon State, and federal employment laws. (____)

Harassment at The Allison Inn & Spa will not be tolerated and may be grounds for immediate dismissal. (____)

We pride ourselves on the favorable image that employees present as representatives of The Allison Inn & Spa; therefore, multiple earrings, visible tattoos, extreme hairstyles and facial hair are not permitted. (____)

I understand that The Allison Inn & Spa is a tobacco-free and vape-free property. I agree not to smoke, vape or use tobacco products anywhere on the property, including the building, parking lot or any other portion of the owner's property. (____)

I understand employment is at will, meaning employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of The Allison Inn & Spa or myself. (____)

The Managing Director is the only person who has the authority to create any other terms of employment and/or enter into any employment contract. Unless otherwise stated in an employment contract, The Allison Inn & Spa may change, withdraw and interpret policies (including wages, hours and working conditions) as it deems appropriate. (____)

I understand it is unlawful to manufacture, distribute, dispense, possess or use illegal controlled substances on the premises of The Allison Inn & Spa, and that hiring decisions are made based on the results of pre-employment testing for illegal substances, including marijuana. Furthermore, random testing and reasonable suspicion testing will be administered when we have reason to believe an employee may be under the influence based on suspicious behaviors such as sudden poor job performance, accidents or increased tardiness, smelling of marijuana or alcohol, or reports from employees or guests that an employee is using an illegal substance, or when employees are in safety sensitive positions such as operating machinery. (____)

By signing below, I acknowledge I understand this disclaimer, and will comply with the statements contained therein.

Signature: _____ **Date:** _____