



EMPLOYMENT APPLICATION

Equal Opportunity Employer

Highway 64/74A
P.O. Box 39
Chimney Rock, NC 28720

Phone: 828-625-9611
Toll-Free: 800-277-9611
Fax: 828-625-9610

Name _____ E-mail _____
Phone Number (home) _____ (business) _____ (other) _____
Address _____
City _____ State _____ Zip _____

Are you at least 16 years of age? Yes No Are you at least 18 years of age? Yes No
Were you previously employed by Chimney Rock Park? Yes No
If yes, when? _____ What position? _____
Please specify the position(s) you are currently seeking:
1. _____ 2. _____ 3. _____
Many of the positions at Chimney Rock Park require overtime and/or weekend work.
Do you have any restrictions on working such hours? Yes No

Are you available to work Full-time Part-time Seasonal (summer and fall)
Please specify the days and hours you are available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

What is the last day you can work (if seasonal)? _____
When can you start? _____ Do you have transportation? Yes No
Who referred you? _____
Have you ever been convicted of any criminal offense – misdemeanor or felony? Yes No
A conviction will not necessarily be a bar to employment. Factors such as age at the time of the offense, the nature of the seriousness of the violation and rehabilitation will be taken into account.
If yes, describe in full, including dates, criminal offenses, location (city, state) and disposition of each offense:

Contact in case of emergency: _____ Phone: _____

EDUCATION: List your educational history below.

	Name & Address of School	Date Attended (Month & Year)	Graduated (Yes/No/Still Attending)	Subjects of Specialization/Degree
HIGH SCHOOL				
COLLEGE				
COLLEGE				
BUSINESS SCHOOL				
OTHER				

PROFESSIONAL EXPERIENCE: Indicate previous employment (including military) for the last five years.
 If employed now, may we contact your employer? Yes No
 (Please indicate any and all names used in the past.)

COMPANY NAME	Supervisor	Date Employed	Rate of Pay
Address		Last Day of Work	Rate of Pay
City	State Zip Code		
Phone Number	Position/Duties	Reason for Leaving	
COMPANY NAME	Supervisor	Date Employed	Rate of Pay
Address		Last Day of Work	Rate of Pay
City	State Zip Code		
Phone Number	Position/Duties	Reason for Leaving	
COMPANY NAME	Supervisor	Date Employed	Rate of Pay
Address		Last Day of Work	Rate of Pay
City	State Zip Code		
Phone Number	Position/Duties	Reason for Leaving	
COMPANY NAME	Supervisor	Date Employed	Rate of Pay
Address		Last Day of Work	Rate of Pay
City	State Zip Code		
Phone Number	Position/Duties	Reason for Leaving	
COMPANY NAME	Supervisor	Date Employed	Rate of Pay
Address		Last Day of Work	Rate of Pay
City	State Zip Code		
Phone Number	Position/Duties	Reason for Leaving	

REFERENCES: Please list three professional references not related to you and not a previous employer.

NAME	Employer	Phone (home)	Phone (work)
Address	City	State	Zip Code
NAME	Employer	Phone (home)	Phone (work)
Address	City	State	Zip Code
NAME	Employer	Phone (home)	Phone (work)
Address	City	State	Zip Code

Can you perform the essential functions of the position for which you are applying? Yes No
 If no, please explain. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask before you answer this question).

Are you legally eligible to be employed in the United States? Yes No
 (Proof of identity and eligibility will be required upon employment.)

Indicate any foreign languages you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

I certify that the facts provided on this application are true and complete. I understand that if employed, any false, incomplete, misleading or omitted information on this application shall be grounds for termination.

Name _____

Date _____

Signature _____