

## **EMPLOYMENT APPLICATION**

## **Equal Opportunity Employer**

Chimney Rock Management, LLC is an Equal Opportunity Employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, handicap or veteran status.

Highway 64/74A PO Box 39 Chimney Rock, NC 28720

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

Address			ousiness)			<del> </del>	
CityState		State		Zip			
Are you at least 16 years of age?							
Are you available to work Full-time $\square$ Part-time $\square$ Seasonal (summer and fall) $\square$ Please specify the days and hours you are available to work:							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
What is the last day you can work (if seasonal)? 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: Li		nal history below.  Address of School	No. of years attended	Degree rec	Subjection Charge	cts of Specialization/Degree	
HIGH SCHOOL	ivaine (	x Address of School	no. or years attended	Degree red	erved: Subje	cts of Specialization/ Degree	
COLLEGE							
COLLEGE							
BUSINESS SCHOOL	-						
OTHER							

	contact your employer?   Yes	nent (including military) for the las	-
COMPANY NAME	Supervisor	Date Employed	Last Day of Work
Address		Company Email	Ending Rate of Pay
City	State Zip Code		
Phone Number	Position/Duties	Reason for Leaving	
COMPANY NAME	Supervisor	Date Employed	Last Day of Work
Address		Company Email	Ending Rate of Pay
City	State Zip Code		
Phone Number	Position/Duties	Reason for Leaving	
COMPANY NAME	Supervisor	Date Employed	Last Day of Work
Address		Company Email	Ending Rate of Pay
City	State Zip Code		
Phone Number	Position/Duties	Reason for Leaving	
COMPANY NAME	Supervisor	Date Employed	Last Day of Work
Address		Company Email	Ending Rate of Pay
City	State Zip Code		
Phone Number	Position/Duties	Reason for Leaving	
COMPANY NAME	Supervisor	Date Employed	Last Day of Work
Address		Company Email	Ending Rate of Pay
City	State Zip Code		
Phone Number	Position/Duties	Reason for Leaving	

<b>REFERENCES:</b> Please list three professional references <u>not related to you and not a previous employer</u> .					
NAME		Employer			
Phone (home)	Phone (work)	Email			
NAME		Employer			
Phone (home)	Phone (work)	Email			
NAME		Employer			
Phone (home)	Phone (work)	Email			
If you wish to describe additional work experience, provide the information for each position on a separate piece of paper.					
Explain any gaps in work history:					
Have you ever been discharged or asked to resign from a job? $\square$ Yes $\square$ No					
If yes, explain:					
Can you perform the essential functions of the position for which you are applying? $\square$ Yes $\square$ No (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). If no, please explain.					
Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.					
Are you legally eligible to be employed in the United States? $\square$ Yes $\square$ No (Proof of identity and eligibility will be required upon employment.)					

## APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Chimney Rock Management, LLC (CRM) to verify their accuracy and to obtain reference information on my work performance. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment with CRM. However, I further understand that the policies, rules, regulations of employment and/or anything said during the interview process shall not be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or CRM may terminate my employment at any time with or without notice or cause.

Signature of Applicant:	_ Date:
Printed Name of Applicant:	_