

SQUIRE BOONE CAVERNS, INC.

Application for Employment

THANK YOU FOR TAKING THE TIME TO COMPLETE AN APPLICATION FOR EMPLOYMENT. WE WISH TO PROCESS ALL APPLICATIONS AS PROMPTLY AS POSSIBLE, SO *Please be sure you have fully completed the application.*

DID AN EMPLOYEE OF SQUIRE BOONE VILLAGE REFER YOU? YES NO

EMPLOYEE'S NAME _____

NOTE: Almost all employees within this company are asked at one time or another to assist with duties inside and outside the department for which they were hired. If you are hired for one of our open positions, you would be expected to work in other areas and/or positions (your pay would not change).

APPLICATIONS: PLEASE COMPLETE THE STATEMENTS BELOW

1. Check () the categories listing the type of position(s) in which you are interested. Please check all that apply. NOTE: YOU WILL ONLY BE CONSIDERED FOR THE TYPES OF POSITIONS YOU CHECK.

- Tourguide
- Candle/Soap Maker
- Gristmill
- Baker
- Shopkeeper
- Maintenance
- Other _____

(please write in the position(s) in which you are interested)

2. Check () the categories listing the number of hours you are able or willing to work. Please check all that apply.

- 40 hours per week
- Between 30 and 40 hours per week
- Less than 30 hours per week

(please list the number of hours you are available to work)

3. If you are interested in seasonal employment, please check () the categories listing the number of hours you are able or willing to work. Please check all that apply.

- 40 hours per week, seasonal (Summer months)
- Between 30 and 40 hours per week, seasonal (Summer months)
- Less than 30 hours per week, seasonal (Summer months)

(please list the number of hours you are available to work)

4. Please check (☐) all that apply : What days can you work (summer holidays are required).

- Weekdays only
- Saturday
- Sunday
- Any day
- Other _____

5. Check (☐) the categories listing the rate of pay you are expecting. Please check all that apply. NOTE: YOU WILL ONLY BE CONSIDERED FOR POSITIONS WITH THE RATE OF PAY YOU CHECK.

- Between \$ 7.25 and \$8.00 an hour
- More than \$ 8.00 an hour

6. Please check (☐) the categories listing the amount of weight you are able or willing to lift.

- Between 25 and 35 pounds
- Between 35 and 45 pounds
- Between 50 and 55 pounds

7. Check (☐) the categories listing the type of environment in which you are able or willing to work. Please list all that apply.

- Inside
- Outside
- Dusty
- Dirty

8. Check (☐) the categories listing the type of working conditions in which you are able or willing to work. Please check all that apply.

- Standing all day
- Sitting all day
- Climbing stairs several times per day
- Repetitive work
- Working alone
- Working in different job positions

SQUIRE BOONE CAVERNS, INC.

APPLICATION FOR EMPLOYMENT

To Applicant: We appreciate your interest in Squire Boone Caverns, Inc. A clear understanding of your background and work history will aid us in our efforts to place you in a position that best matches your qualifications. Squire Boone Caverns, Inc. is an Equal Opportunity Employer. Please complete all information requested. If you need any accommodation in completing the application process please inform us.

(PLEASE PRINT LEGIBLY)

DATE: ____/____/____

NAME: _____
 (LAST) (FIRST) (MIDDLE)

S. S. #: _____

CURRENT ADDRESS: _____
 (NO.) (STREET) (CITY) (STATE) (ZIP)

HOW LONG: _____

HOME PHONE: (____) _____

STATE AGE IF UNDER 18: _____

REFERRAL SOURCE: GOVERNMENT EMPLOYMENT AGENCY PRIVATE EMPLOYMENT AGENCY
 ADVERTISEMENT WALK-IN EMPLOYEE FRIEND
 SCHOOL RELATIVE OTHER _____

DO YOU HAVE ANY RELATIVES THAT ARE NOW OR HAVE BEEN IN THE PAST EMPLOYED BY SQUIRE BOONE CAVERNS, INC? YES NO IF SO, WHOM: _____
 RELATIONSHIP: _____

POSITIONS APPLYING FOR: (CHECK ANY FOR WHICH YOU HAVE EXPERIENCE OR EDUCATIONAL TRAINING.)
 PRODUCTION CLERICAL / SECRETARIAL GROUNDSKEEPING
 WAREHOUSE SHOP CLERKS COMPUTER PROGRAMMING
 ACCOUNTING MANAGEMENT SHIPPING / RECEIVING
 DATA ENTRY CUSTOMER SERVICE OTHER _____
 (SPECIFY)

RATE OF PAY EXPECTED _____/HR. (PLEASE INDICATE RANGE OR MINIMUM ACCEPTABLE.)

HAVE YOU APPLIED PREVIOUSLY? _____ IF SO, WHEN? _____

WERE YOU PREVIOUSLY EMPLOYED BY SQUIRE BOONE CAVERNS, INC.? _____ IF SO, WHEN? _____

ARE YOU AVAILABLE TO WORK: (CHECK ALL THAT APPLY)

PART TIME FULL TIME TEMPORARY SEASONAL
 1st SHIFT 2nd SHIFT 3rd SHIFT WEEKENDS
 IRREGULAR SHIFTS OVER 40 HOURS

SQUIRE BOONE CAVERNS & VILLAGE IS OPEN SEVEN DAYS A WEEK DURING THE TOURIST SEASON. NOT INCLUDING THE NEED FOR ABSENCES FOR RELIGIOUS PRACTICES DURING SCHEDULED WORK HOURS, ARE YOU OTHERWISE ABLE TO WORK SATURDAYS? YES NO SUNDAYS? YES NO

ARE YOU EMPLOYED NOW: YES NO

ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL? YES NO

IF HIRED, WHAT DATE ARE YOU ABLE TO START WORK? _____

MAY WE CONTACT YOUR PRESENT EMPLOYER: YES NO

ARE THERE ANY OTHER NAMES UNDER WHICH RECORDS MAY BE FOUND? YES NO
 IF SO, WHAT? _____

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E D U C A T I O N	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED					
	COLLEGE		1	2	3	4	5	6
	HIGH		1	2	3	4		
	TRADE SCHOOL		1	2	3	4		
	OTHER (Explain)							
DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRA CURRICULAR ACTIVITIES:								

HONORS RECEIVED: _____								

M I L I T A R Y	<u>COMPLETE THIS SECTION IF YOU SERVED IN THE U. S. ARMED FORCES</u>							
	DESCRIBE YOUR DUTIES AND ANY SPECIAL TRAINING:							
	BRANCH OF SERVICE: _____				MOS (JOB SPECIALTY): _____			
	PERIOD OF ACTIVE DUTY FROM _____ TO _____							
	WHAT JOBS DID YOU PERFORM? _____							

MILITARY TRAINING RECEIVED: _____								

R E F E R E N C E S	REFERENCES: Give the names of three persons, not related to you, whom you have known at least one year.				
	NAME	ADDRESS <small>(Include City, State & ZIP)</small>	PROFESSION	YEARS KNOWN	PHONE

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer. Include volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin.

E M P L O Y M E N T H I S T O R Y	Company Name				Telephone
	Address	City	State	ZIP	Employed (Month and Year) From To
	Name of Supervisor		Their Job Title		Hourly Pay Start End
	Describe Your Work		Your Job Title		Reason for Leaving
	Company Name				Telephone
	Address	City	State	ZIP	Employed (Month and Year) From To
	Name of Supervisor		Their Job Title		Hourly Pay Start End
	Describe Your Work		Your Job Title		Reason for Leaving
	Company Name				Telephone
	Address	City	State	ZIP	Employed (Month and Year) From To
	Name of Supervisor		Their Job Title		Hourly Pay Start End
	Describe Your Work		Your Job Title		Reason for Leaving
Company Name				Telephone	
Address	City	State	ZIP	Employed (Month and Year) From To	
Name of Supervisor		Their Job Title		Hourly Pay Start End	
Describe Your Work		Your Job Title		Reason for Leaving	

E X P L A N A T I O N S	HAVE YOU EVER BEEN DISCIPLINED OR FIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, EXPLAIN _____ _____
	PLEASE ACCOUNT FOR ANY GAPS BETWEEN THE EMPLOYMENT DATES LISTED ABOVE: _____ _____ _____
	_____ _____

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Is there anything else you would like to tell us about yourself? (Hobbies, special interests, etc.) _____

Why do you wish to work for Squire Boone Caverns? _____

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Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Note: As of June 1, 1987, The Immigration Reform and Control Act makes every employer in the U. S. part of the immigration enforcement system. If hired, you will need to present a document or documents within 72 hours to verify identification and your right to work. Generally, this consists of a driver's license with picture and a social security card or state certified birth certificate.

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Have you been convicted of a felony within the last seven (7) years? Yes No If so, explain _____

A felony conviction record does not mean that you are automatically disqualified from employment with the Company. Factors such as your age at the time of the conviction, how long ago the conviction occurred and the seriousness and nature of the violation are important and will be taken into consideration. Therefore, please give all the facts so that a proper decision can be made.

Do you know of any reason why you would not be able to perform the job for which you are applying, with or without an accommodation? Yes No

APPLICANT'S STATEMENT (Please read carefully)

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I certify that answers given herein are true and complete to the best of my knowledge.

I understand that this application is not, and is not intended to be, a contract of employment.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further release from all liability former employers, educational institutions, personal references or others having knowledge of my character, ability and work record responding to such inquiries by Squire Boone Caverns, Inc.

I understand that should an offer for a position be made before all references are received and verified that continuing employment depends on obtaining satisfactory references from the sources listed herein.

Further, I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time for any reason and without any previous notice.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Company.

SIGNATURE OF APPLICANT

DATE

SQUIRE BOONE CAVERNS, INC.

APPLICANT DATA RECORD

Applicants are considered for all positions and during employment all employees are treated without regard to race, color, religion, sex, national origin, age, veteran status, disability, and any other legally protected status.

As employers we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting, and other legal requirements, we request that you complete this applicant data record. Thank you for your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

(Please Print)

Date _____

Name _____ Phone () _____
Last First Middle

Address _____
Number Street City State ZIP

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-in Employee
 Employment Agency School Other _____

VOLUNTARY SURVEY

Check One: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Veteran Disabled Veteran Disabled Individual