

MT ABRAM RESORT

P.O. Box 189, Greenwood, ME 04255
Phone: (207) 875-5000 Fax: (207) 875-5006

APPLICATION FOR EMPLOYMENT

My Abram, LLC, owner of the Mt Abram Resort will provide equal opportunity to all persons without regard to age, race, religion, ancestry, color, sex, sexual orientation, national origin, or physical/mental disability in hiring, placement, promotion, salary determination, or other conditions of employment.

PERSONAL INFORMATION

Last Name _____ First _____ M.I _____

Address _____

City or Town _____ State _____ Zip _____

Phone (H) _____ (C) _____ SS# _____

Are you under 18 years of age? Yes _____ No _____

Have you ever been employed at the Mt Abram Resort? Yes _____ No _____

If Yes, please state positions held and Year(s) of employment.

Year(s): _____ Position(s) _____

Year(s): _____ Position(s) _____

What position are you applying for? _____

Date available to start work. _____

Are you capable of performing the essential functions of the position for which you are applying with or without an accommodation? Yes _____ No _____

EDUCATION

<u>School Name & Location</u>	<u>High School</u>	<u>College/Univ./Vocational</u>	<u>Graduate or Professional</u>
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Years Completed	_____	_____	_____
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Diploma/Degree	_____	_____	_____
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Course of Study	_____	_____	_____
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In order to conduct an investigation of your past education and employment activities as well as personal history that is job related, should we be made aware of any other name that you previously used?

No _____ Yes _____ If yes, what is the name? _____

EMPLOYMENT HISTORY: Starting with CURRENT or MOST RECENT, list your two (if applicable) previous employers. Please include self-employment, summer and part-time jobs. In addition to completing the following information, a current resume may be submitted with this application.

Employer _____

Address _____

Telephone # _____

Job Title _____

Describe Work Performed _____

Dates Employed	
From	To
_____	_____

Hourly Rate/Salary	
Starting	Final
\$ _____	\$ _____

Supervisor _____

Reason for Leaving _____

Employer _____

Address _____

Telephone # _____

Job Title _____

Describe Work Performed _____

Dates Employed	
From	To
_____	_____

Hourly Rate/Salary	
Starting	Final
\$ _____	\$ _____

Supervisor _____

Reason for Leaving _____

Describe any special skills, qualifications and training that may be helpful to us in considering your application: _____

REFERENCES:

Give name and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever been convicted of a felony? Yes ___ No ___ (Conviction will not automatically disqualify you from employment, but will be considered in relation to specific job requirements.) If yes, please explain: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I voluntarily give Mt. Abram Resort the right to make a thorough investigation of my past education and employment activities as well as medical or personal history that is job related. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies and corporations supplying such information.

I consent to taking any physical examination, medical or drug tests which may be required by Mt. Abram Resort, upon receiving a conditional offer of employment or in the future, in order to determine my ability to perform job duties.

I understand that if I accept employment at Mt. Abram Resort, I can terminate employment at any time and can be terminated at any time, with or without cause, and that there is no contract, expressed or implied, for continued employment.

I certify that the above information and any information provided on my resume is true and accurate to the best of my knowledge. I understand that if I misrepresent or deliberately leave out a fact in my application or resume, I may be refused employment or, if I am employed, I may be terminated immediately.

Signature _____

Date _____