

# EMPLOYMENT APPLICATION

• Holiday Wholesale, Inc. • Vacationland Vendors, Inc. • Travel Mart, Inc. •

This employer is an equal employment opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

## PERSONAL

Last Name	First	Initial	Today's Date
Address	City	Zip	Home Telephone #
Position Applying For	Referred By	Salary Desired	
Shift Desired	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Temporary	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Social Security #	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever interviewed with this employer or its affiliates before?	If yes, list date(s), job title(s) & location(s)		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed by this employer or its affiliates before?	If yes, list date(s), job title(s) & location(s)		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under 18, do you have a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## EDUCATION

Do you have a high school diploma?  Yes  No      If "NO", do you have a GED certificate  Yes  No

School Name: \_\_\_\_\_

City/Location: \_\_\_\_\_

If "NO", indicate highest grade completed: \_\_\_\_\_

Do you type?  Yes  No      Words per minute? \_\_\_\_\_

Computer Skills (Hardware/Software)

Cash Register    Barcode Scanner    Lottery Terminal    Word Processing    Spreadsheets

School	Address	Major Studies	Degree, Diploma, License or Certificate
College/University, Vocational, Business, Other			

List Any Professional Designations

Other Special Knowledge, Skills, or Qualifications

Note to Applicants:

*Do NOT* answer this question unless you have been informed about the requirements of the job for which you are applying. Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

When are you available to work? \_\_\_\_\_

What is the best time to contact you at home? \_\_\_\_\_

**EMPLOYMENT HISTORY**

From (Mo/Yr): To (Mo/Yr):

Employer:

Job Title:

Telephone# & Address:

Immediate Supervisor:

Nature of Work Performed/Responsibilities:

May We Contact This Employer  
Salary:

Yes  No  
Reason for Leaving:

From (Mo/Yr): To (Mo/Yr):

Employer:

Job Title:

Telephone# & Address:

Immediate Supervisor:

Nature of Work Performed/Responsibilities:

May We Contact This Employer  
Salary:

Yes  No  
Reason for Leaving:

From (Mo/Yr): To (Mo/Yr):

Employer:

Job Title:

Telephone# & Address:

Immediate Supervisor:

Nature of Work Performed/Responsibilities:

May We Contact This Employer  
Salary:

Yes  No  
Reason for Leaving:

**REFERENCES**

**Please print your References Name – Occupation – Telephone Number**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CERTIFICATION & AUTHORIZATION**

The above information is true and correct. I understand that, in the event of my employment by this employer, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize this employer to inquire into my education, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to this employer and will hold this employer and my former employer harmless from any claim made on the basis of such information about me which was provided or that any employment decision was made on the basis of such information. I further authorize this employer to obtain any credit, consumer check, or legal background check. I understand that a placement medical examination, based on the requirements of the position for which I am being considered, may be required and a pre-employment drug test may also be required.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with this employer is intended to create an employment contract between myself and this employer which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by myself, or this employer at any time and for any reason. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless, such a change is specifically acknowledged in writing by an authorized executive of this organization.

This employment application shall be kept active for 45 days. Beyond 45 days, applicants must inquire if applications are being accepted and may need to reapply.

If employed, I will be required to provide original documents, which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) if 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

## Voluntary Self Identification Form

Holiday Wholesale, Vacationland Vendors, Travel Mart, Dunkin' Donuts, Sherwood Dells are Equal Opportunity Employers. Applicants for employment are invited to participate in the program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Please complete the information requested below. Thank you for your cooperation.

### Section 1: General Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### Section 2: Please Check All That Apply

<b>Race or Ethnic Identity</b>	<b>Gender</b>	<b>Veteran Status</b>
_____ Hispanic or Latino	_____ Male	_____ Vietnam Era Veteran
_____ White (not Hispanic or Latino)	_____ Female	_____ Special Disabled Veteran
_____ Black or African American (not Hispanic or Latino)		_____ Other Protected Veteran
_____ Native Hawaiian or Pacific Islander (not Hispanic or Latino)		_____ Recently Separated Veteran
_____ Asian (not Hispanic or Latino)		_____ Armed Forces Service Medal
_____ American Indian or Alaskan Native (not Hispanic or Latino)		<b>Other</b>
_____ Two or More Races (not Hispanic or Latino)		_____ Individual with Disabilities
		_____ <b><i>I do not wish to Self-Identify</i></b>

**Signature:**

\_\_\_\_\_

### How did you hear of our opening?

\_\_\_\_\_ Current Employee    \_\_\_\_\_ Newspaper Ad    \_\_\_\_\_ Recruiter    \_\_\_\_\_ Other Explain Below

\_\_\_\_\_

**For Human Resources Only:**

**Requisition #**

**Job Group**