



APPLICATION FOR EMPLOYMENT

If you need assistance in completing this application, please notify the Human Resources representative issuing applications. Please read this application thoroughly and complete it honestly. KSL Resorts and its affiliated companies ("KSL") perform a detailed background investigation on all final candidates. **KSL is an equal opportunity employer and will not discriminate against any associate or applicant for employment in any manner prohibited by law. If you feel you have been unfairly treated or discriminated against for any reason, please call this to the attention of a Human Resources representative so that we may address your concerns.**

Employment is conditioned on the successful completion of the screening process. By signing this application, you represent that the information provided in this form is given voluntarily, may be used in filing reports required by state and federal governments and agencies, may be disclosed to others and used for any other purpose not prohibited by law.

NOTE: All applicants offered employment would be required to furnish proof of identity and legal work authorization in order to be hired.

1. POSITION APPLIED FOR:		DATE:	
2. NAME: _____			
(PRINT LAST NAME)		(FIRST NAME)	(MIDDLE INITIAL)
Other names you have used or currently use & dates used: _____			
ADDRESS: _____			
CITY: _____		STATE: _____	ZIP: _____
HOME PHONE: _____		CELL PHONE: _____	E-mail: _____
3. Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input checked="" type="checkbox"/> Seasonal			
Indicate days and hours you are available to work _____ Employment with KSL includes weekends and holidays. Are there any shifts you will <u>not</u> be able to work _____			
4. Have you ever worked or applied for KSL before? If yes, please state where and when: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Name and relationship of relatives employed by KSL (if applicable): _____			
6. After offer of employment has been extended, can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7.a. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7.b. If applying for a position that involves driving motor vehicles, have you been convicted of any motor vehicle violations in the past 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(In responding to questions 7.a and 7.b please understand that "convicted" includes a plea of guilty or no contest or a finding of guilty by a judge, commissioner, or jury. This does not include any conviction covered by California Labor Code section 432.8, or any conviction that has been judicially ordered expunged, sealed, dismissed, or statutorily eradicated. A conviction is not an automatic bar to employment; each case is considered on its own merits.)			
If yes to 7.a or 7.b, please provide on a <u>separate sheet of paper</u> : 1) Nature of Offense 2) Date 3) City & State 4) Sentence or Penalty			
8. U.S. Military Service – list branch, rank obtained and nature of discharge: _____			
EDUCATION			
9. HIGHEST GRADE ATTENDED?		NAME OF SCHOOL	LOCATION
1 2 3 4 5 6 7 8 9 10 11 12			
			DID YOU GRADUATE?
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED
COLLEGE, BUSINESS OR TRADE SCHOOL ATTENDED		MAJOR	DEGREE
			SEMESTER UNITS COMPLETED
10. Certificates or Licenses or Vocational Competence:		Membership in Professional or Technical Associations:	
		(Please exclude any organization that discriminates on the basis of race, religion, color, sex, sexual orientation, age, marital status, national origin, ancestry, veteran status, medical condition, or physical or mental disability.)	

EXPERIENCE

11. Please list your last four (4) places of employment, beginning with your most recent employer. Please explain on a separate sheet of paper any gaps in your employment history. May we contact your current employer? Yes No

From:	To:	Job Title:
Month/Year	Month/Year	
Employer Name & Address:		Duties:
Supervisor Name & Title:		
		Reason for leaving:
Telephone:	Hourly / Salary: Start \$	End \$ Hours per Week:

From:	To:	Job Title:
Month/Year	Month/Year	
Employer Name & Address:		Duties:
Supervisor Name & Title:		
		Reason for leaving:
Telephone:	Hourly / Salary: Start \$	End \$ Hours per Week:

From:	To:	Job Title:
Month/Year	Month/Year	
Employer Name & Address:		Duties:
Supervisor Name & Title:		
		Reason for leaving:
Telephone:	Hourly / Salary: Start \$	End \$ Hours per Week:

From:	To:	Job Title:
Month/Year	Month/Year	
Employer Name & Address:		Duties:
Supervisor Name & Title:		
		Reason for leaving:
Telephone:	Hourly / Salary: Start \$	End \$ Hours per Week:

I UNDERSTAND that this application will only be considered "active" for 30 calendar days from the date of application. If I have not obtained employment with KSL within 30 days, but remain interested in obtaining employment with KSL, I understand that I must complete a new application.

I ALSO UNDERSTAND that all statements made by me in connection with my application for employment are subject to verification by KSL. I authorize KSL to contact my prior employers, including each of those listed above, and other sources of information regarding my background, and I hereby authorize and direct each such employer and source of information to answer any and all questions regarding my prior employment and background. I further understand that KSL will not hire me if the background check reveals that I have engaged in any criminal misconduct, financial irresponsibility, or other inappropriate action that is inconsistent with KSL's policies and the position for which I am applying. I hereby indemnify KSL, each of my prior employers listed above and each of the other sources of information contacted, and agree to hold each and every one of them harmless from any claims arising from this authorization and direction.

I AFFIRM that the information I have provided herein is complete and accurate. I UNDERSTAND that any incomplete and inaccurate information will result in a decision not to hire me or to discharge me, if discovered only after hire.

I UNDERSTAND that, as a condition of my employment, I will be required to submit to, and do voluntarily agree to submit to, a drug screen and to any procedure to assess my qualifications for employment.

IF EMPLOYED, I agree to conform to the rules and regulations of KSL, and I understand that, as a condition of my continued employment, I will be required to submit to any lawful testing for the presence of drugs and alcohol.

IF EMPLOYED, I understand that such employment shall continue only so long as KSL and I agree, and that either KSL or I may terminate my employment at any time with or without cause. I further understand that no KSL supervisor or manager has any authority to enter into an agreement for employment, oral or written, or to make any agreement contrary to the foregoing unless such agreement is signed by the President of KSL and me.

IF EMPLOYED, I acknowledge and agree that if at any time I am subjected to any type of discrimination or harassment, I will contact KSL's Director of Human Resources or Vice President immediately to obtain assistance in the resolution of such matters.

I HEREBY REPRESENT AND WARRANT that **I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own judgment.**

Applicant Signature Date

I FIRST LEARNED OF THIS JOB OPPORTUNITY THROUGH (Check one only):

- Visit to Hotel Job Line Hotel Website Job Fair - Please specify which: _____
- Internet - Please specify site: _____ Associate of KSL - Name: _____
- Referral from a staffing agency, organization, or group. Please specify which: _____
- An advertisement (newspaper, publication, television or radio station) – Please specify which: _____
- State Job Services _____ Other – Please specify: _____

APPLICANT DATA COLLECTION FORM

As an Equal Opportunity Employer, KSL is required to submit periodic reports regarding applicants and current associates to certain federal and state agencies. To aid KSL in its commitment of Equal Opportunity Employment and in order to collect accurate information, we ask your cooperation in completing this form. You are, however, under no obligation to do so and your response will not affect your application in any way. Any information you volunteer will be kept confidential

1. Please check one: Female Male

2. I consider myself to be (please check only one in this section):

- HISPANIC OR LATINO – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- WHITE (NOT HISPANIC OR LATINO) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- BLACK or AFRICAN AMERICAN (NOT HISPANIC OR LATINO) – A person having origins in any of the black racial groups of Africa.
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NOT HISPANIC OR LATINO) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ASIAN (NOT HISPANIC OR LATINO) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- AMERICAN INDIAN OR ALASKAN NATIVE (NOT HISPANIC OR LATINO) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- TWO OR MORE RACES (NOT HISPANIC OR LATINO) – All persons who identify with more than one of the above five races.

DISABLED STATUS - Any person who has, is regarded as having, or has a record of having a physical or mental impairment that substantially limits one or more major life activities, may be eligible for reasonable accommodation as defined by the American's with Disabilities Act. Please contact the Human Resources Department for further information.

This form is being submitted for the position of _____.

Applicant Signature Date

Print Name