

## **Harbour View Inn**

To complete this application:

Please download and save this application to your computer.

Enter the information requested into the appropriate spaces on the form. You can complete this form electronically.

When complete, "Save As" with this file name: Your First Initial\_Last Name\_Harbourview\_Application.doc (S\_Martin\_Harbourview\_Application.doc)

E-mail your completed application to: [applications@harbourviewinn.com](mailto:applications@harbourviewinn.com)

# HIS – Mackinac, Inc.

## Application For Employment

\_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle In.

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Area Code

Telephone Number \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_  
Area Code Years Months

Permanent Address \_\_\_\_\_  
No. Street City State Zip

Previous Address \_\_\_\_\_ How long did you live at this address? \_\_\_\_\_  
No. Street City State Zip Years Months

Job(s) applied for: 1. \_\_\_\_\_ Rate of pay expected: \$ \_\_\_\_\_ per \_\_\_\_\_  
2. \_\_\_\_\_ Rate of pay expected: \$ \_\_\_\_\_ per \_\_\_\_\_

Do you want to work  Full Time or  Part Time?

First day of season you can work: \_\_\_\_\_ Last day of season you can work: \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ If yes, when, when? \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

How did you learn of this opening?  Newspaper  Friend  Relative  Walk in  Employee (name) \_\_\_\_\_

What experiences, skills or qualifications do you have that qualify you to work here? \_\_\_\_\_

Do you have any relatives presently employed here? \_\_\_\_\_ If yes, name: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony crime? This includes alcohol-related offenses, such as minor in possession, open intoxicants, driving while intoxicated, etc.  No  Yes If yes, describe in full \_\_\_\_\_

Name of person to be notified in case of emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number \_\_\_\_\_  
Area Code

Address \_\_\_\_\_  
No. Street City State Zip

Are you over the age of 18?  Yes  No If no, hire is subject to verification that you are of minimum legal age.

Are you either a U.S. Citizen or a non-citizen authorized to work in the U.S.?  Yes  No

***We are an Equal Opportunity Employer.***

(Continued)

**Prior Work History** Beginning with the most recent position, list employers below.

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary or Rate \_\_\_\_\_ per \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_

Describe your job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary or Rate \_\_\_\_\_ per \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_

Describe your job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary or Rate \_\_\_\_\_ per \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_

Describe your job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary or Rate \_\_\_\_\_ per \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Your Job Title \_\_\_\_\_

Describe your job duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

(Continued)

## Educational Background

| TYPE OF SCHOOL | NAME | CITY | STATE | YEARS ATTENDED | GRADUATED  | COURSE OR MAJOR |
|----------------|------|------|-------|----------------|--|-----------------|
| Grammar/Grade  |      |      |       |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| High School    |      |      |       |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| College        |      |      |       |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Post Graduate  |      |      |       |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Business/Trade |      |      |       |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| Other          |      |      |       |                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |

## Military Service Record

Have you ever served in the armed forces?  Yes  No If yes, which branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ to \_\_\_\_\_  
Month Day Year Month Day Year

Rank at discharge \_\_\_\_\_ Type of Discharge \_\_\_\_\_

What were your duties in the Service? (Include special training and duty station) \_\_\_\_\_

## Business References

| NAME AND OCCUPATION | ADDRESS | PHONE NUMBER |
|---------------------|---------|--------------|
|                     |         |              |
|                     |         |              |
|                     |         |              |

(Continued)

# APPLICANT'S CERTIFICATION, AUTHORIZATION AND AGREEMENT

**PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE APPLICATION OR THE FOLLOWING STATEMENTS, PLEASE ASK FOR ASSISTANCE.**

I certify that to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in my employment application are true and complete. I understand that any false and/or misleading statements or omissions contained in my employment application may result in my immediate discharge if such information is discovered after I have become employed by HIS – Mackinac, Inc. (referred to as the "Employer").

## BACKGROUND INVESTIGATION

I authorize the schools, references and my prior employers listed on my employment application to provide my educational record, employment record, reason for leaving, and all other information they may have concerning me which may lawfully be disclosed. I further authorize the Employer to conduct an investigation into my motor vehicle record and criminal conviction history to determine my suitability for employment. I agree to release all parties (including the Employer) and their respective employees and agents, from any and all liability for disclosing information about me which may lawfully be disclosed and/ or making employment decisions concerning me based on that information. I specifically waive prior written notice of disclosure of my information to Employer.

I further understand and agree that if I am hired prior to the Employer receiving requested information concerning me, my employment may be terminated based upon the later receipt of information that the employer in its sole discretion deems unsatisfactory. I hereby release and hold harmless the Employer (and all of its employees or agents) from any and all liability, claims or causes of action which may arise as a result of such termination.

I further understand and agree that if the Employer learns, after making a conditional offer of employment, that I have a health condition or disability that prevents me from performing the job, the conditional offer of employment may be withdrawn.

## ALCOHOL AND DRUG TESTING

If I am employed by the Employer, I agree not to use or possess alcohol or illegal drugs at work, or to work under the influence of alcohol or illegal drugs. I understand that I will be discharged immediately by the Employer for violating these rules. If I am employed by the Employer, I will provide a urine and/or blood specimen under the following circumstances to a laboratory designated by the Employer at any time, with little or no advance notice in order to maintain the validity of the test:

- (1) If the Employer has cause to believe that I am under the influence of alcohol or illegal drugs; or
- (2) If I have been involved in an on-the-job accident resulting in personal injury or property damage.

The detected presence of alcohol or illegal drugs will be grounds for discharge. My failure or refusal to provide a urine and/or blood specimen when requested by the Employer under the above circumstances will also be grounds for discharge.

## "AT WILL" EMPLOYMENT

**I understand and agree that should I be hired, the Employer may terminate my employment at any time, with or without cause, and with or without notice. No person other than the CEO or COO of the Employer has the authority to make any agreement to the contrary, and any such agreement must be in writing and signed by the CEO or COO of the Employer to be enforceable. I agree to conform to the rules and policies of the Company, including the dispute resolution procedures contained in the Employee Handbook.**

## VERIFICATION

By checking this box, I agree to the Applicant's Certification, Authorization and Agreement stated above.

X \_\_\_\_\_  
Signature of Applicant

X \_\_\_\_\_  
Today's Date