

EMPLOYMENT APPLICATION

Please type or print clearly

Position Desired: _____ Non-Supervisory Supervisory

Locations Desired: 1) _____ 2) _____ 3) _____

Name: _____ **Social Security #** _____

Address: (current) _____

Address: (permanent) _____

Telephone: Day (_____) _____ Night (_____) _____

Are you at least 18 years of age? Yes No Will you accept part-time employment? Yes No

Will you accept seasonal employment? Yes No If yes, month and year _____

Do you hold a valid Security Guard Registration Card? Yes No Have you ever applied for employment with us before? Yes No

Expiration: _____ Card #: _____ State: _____ If yes, month and year _____

List all valid First Aid and/or emergency care certificates you currently hold, with expiration dates:

First Aid _____ Advanced First Aid _____ CPR _____ EMT _____

Besides convictions for marijuana-related offenses that are more than two years old, have you ever been convicted of an offense other than a minor traffic violation? Yes No If yes, give date, place, offense and outcome: _____

(Answering "yes" does not constitute an automatic bar to employment. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for will be considered. Please exclude convictions which were sealed, expunged or statutorily eradicated, and any misdemeanor for which probation was successfully completed or otherwise discharged and the case has been judicially dismissed.)

Are you currently under arrest pending trial? Yes No If yes, describe how it will affect your availability for work, if at all: _____

Can you perform the essential requirements of the position you are applying for with or without reasonable accommodation? Yes No

(Note: CLM complies with the ADA and state law and considers reasonable accommodation measures that may be necessary for eligible applicants and employees to perform essential functions.)

Education

Use additional sheets if necessary. Include any certificates, licenses, etc.

List Below any job-related education including trade/technical training.

School, College, Program (List Name and Location)	No. years	Graduate?	Degree
High School			
College			
Vocational/Business			

Please complete the reverse side and sign your application

Employment History

Use additional sheets if necessary.

List below all present and past employment starting with your most recent employer (last 10 years is sufficient).

Name and Address of Company		Dates		Salary		Reason for Leaving
		From	To	Starting	Final	
1.						
Tel. No. ()		Supervisor's Name:				May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
2.						
Tel. No. ()		Supervisor's Name:				May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
3.						
Tel. No. ()		Supervisor's Name:				May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Business or Personal References

Use additional sheets if necessary.

List persons who have first-hand knowledge of your work performance within the last three years.

Name/Address	Phone	Occupation	Relationship	Years Known
1.				
2.				
3.				

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

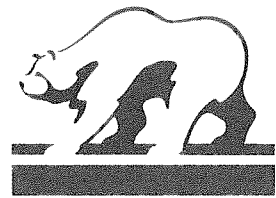
I hereby authorize CLM Services Corporation to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company and its agents, my former employers and their agents, and all other persons, corporations, partnerships and associations from any and all liability for damages that may result from furnishing such information, as well as the use or disclosure of such information.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by both me and the company's president.

Applicant Signature: _____ Date: _____

If the position you are applying for requires that you drive a motor vehicle, please list your driver's license number: _____ State: _____

How did you learn about applying for work with CLM Services? _____



**SUPPLEMENTAL QUESTIONNAIRE
CAMPGROUND STAFF**

1. Do you have a late model RV, or Travel Trailer? If so, please describe. (If possible, include a photo of your rig.) If not, how are you planning to maintain a residence?

2. What interests you in this type of work?

3. A significant part of your job includes cleaning toilets. Do you have any objections to performing that type of work?

4. What are your interests in working with the public?

Please attach any additional information which will help us assess your qualifications

Name: _____ Date: _____

