



# SLEEPING LADY MOUNTAIN RETREAT

## APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE THE ENTIRE APPLICATION BY PRINTING OR WRITING LEGIBLY IN INK.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

Previously Employed at Sleeping Lady? \_\_\_\_\_ Dates of Previous Employment \_\_\_\_\_

Position Held: \_\_\_\_\_

Are you related to anyone presently employed at Sleeping Lady? No Yes Name: \_\_\_\_\_

Were you referred by a present employee of Sleeping Lady? No Yes Name: \_\_\_\_\_

**ELIGIBILITY:** Are you eligible to work in the United States? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Are you a non-smoker? \_\_\_\_\_

Have you every been convicted of a felony? \_\_\_\_\_(yes) \_\_\_\_\_(no) If yes, please explain below:

\_\_\_\_\_  
\_\_\_\_\_

Sleeping Lady reserves the right to test employees for the presence of drugs or alcohol on the basis of a pre-employment screening and/or a random sampling of employees.

**SLEEPING LADY IS A NON-SMOKING FACILITY.**  
**NO SMOKING IS PERMITTED IN ANY OF THE BUILDINGS OR ON THE GROUNDS.**

Your employment with Sleeping Lady is reviewed during the initial 90 days. At the conclusion of this review period your supervisor will make a decision concerning continued employment based on your performance and your interest in continuing employment.

**EMPLOYMENT HISTORY**

1. Name of Company: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Brief Description of Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
**If present employer, may we contact?** \_\_\_\_\_

2. Name of Company: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Brief Description of Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Name of Company: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Brief Description of Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. Name of Company: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
Brief Description of Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**EDUCATIONAL HISTORY**

Name \_\_\_\_\_ Location \_\_\_\_\_ Major Course/Subject \_\_\_\_\_ Graduate (yes/no) \_\_\_\_\_

High School: \_\_\_\_\_

Technical: \_\_\_\_\_

Trade School: \_\_\_\_\_

College: \_\_\_\_\_

College: \_\_\_\_\_

Other Education: \_\_\_\_\_

Training: \_\_\_\_\_

**LIST ANY ADDITIONAL EDUCATION OR TRAINING ON SEPARATE SHEET IF NECESSARY**

Other Activities (professional memberships, certificates, licenses, etc.):

Past and present civic or cultural activities:

Recreational interests:

**PROFESSIONAL / WORK REFERENCES**

List at least two supervisors and one person who have knowledge of your qualifications for the position for which you are applying. Please indicate if references can be contacted as soon as we receive your application.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Current Phone Number: \_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Occupation / Business: \_\_\_\_\_ Length of acquaintance? \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Current Phone Number: \_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ Title/Relationship: \_\_\_\_\_

Occupation / Business: \_\_\_\_\_ Length of acquaintance? \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Current Phone Number: \_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ Title/Relationship: \_\_\_\_\_  
Occupation / Business: \_\_\_\_\_ Length of acquaintance? \_\_\_\_\_

4. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Current Phone Number: \_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ Title/Relationship: \_\_\_\_\_  
Occupation / Business: \_\_\_\_\_ Length of acquaintance? \_\_\_\_\_

Sleeping Lady believes that all persons are entitled to equal employment opportunity and does not discriminate against its employees or applicants because of race, color, religion, sex, national origin, citizenship, veteran status, age, physical disability, sexual orientation or any other consideration made unlawful by applicable federal, state or local laws. Equal employment opportunity will be extended to all persons in all aspects of the employer-employee relationship, including recruitment, hiring, upgrading, training, promotion, transfer, discipline, layoff, recall and termination.

Sleeping Lady strictly prohibits illegal harassment including sexual, racial and ethnic. Employees who violate this policy are subject to discipline, up to and including possible termination.

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service if employed. I understand that my employment may be contingent upon receipt of any alien registration number, verification of birth, Social Security number and other pertinent information bearing upon my employment. I understand that my employment with Sleeping Lady is at-will, which means that either I or Sleeping Lady may terminate the employment relationship at any time with or without reason. I further understand that my employment will not be terminated for any unlawful reason which constitutes discrimination on the basis of race, color, religion, sex, national origin, age, ancestry, citizenship, disability, marital status and medical conditions.

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

\_\_\_\_\_  
Date Signed

**Mail application to:**

**Sleeping Lady  
7375 Icicle Road  
Leavenworth, WA 98826  
(509)548-6344  
Or fax to: (509)548-5564  
Attention: Deborah Hartl, Human Resources Director**