

EUREKA SPRINGS'

THE 1905 BASIN PARK HOTEL THE 1886 CRESCENT HOTEL

12 Spring Street & 75 Prospect Street,
Eureka Springs, AR 72632

2022 APPLICATION FOR EMPLOYMENT

Date: _____

This company is an equal opportunity employer. The company does not discriminate against any applicant for employment or any employee because of such individual's race, color, religion, sex, sexual orientation, gender identity, age, national origin, genetic information, disability, veteran or military status, or any other status protected by state or federal law.

Applicants with disabilities may be entitled to reasonable accommodation under the Americans with Disabilities Act and certain state or local laws. Please inform the company's representative if you need assistance completing this application or to otherwise participate in the application process.

Last Name	First Name	Middle
Address		
City	State	Zip Code
Telephone	Email Address	Social Security Number

To assist us in processing your application, please list any other names by which your former employer or schools may have known you. (i.e., maiden name, nicknames, etc.)

What position are you applying for? (you may choose more than one)

Rooms Division

Front Desk

Bellman

Housekeeping

Sales

Reservations

Laundry

Auditor

Houseman

Food and Beverage

Server

Bus Person

Dishwasher

Line Cook

Prep Cook

Management

Hospitality Manager

Restaurant Supervisor

Banquet Supervisor

Kitchen Supervisor

Other

Licensed Therapist

Maintenance

On Call

Hours per week: _____

Full Time

Part Time

Yes

Date available to start work: _____

Approximate pay range expectations: _____

No

If so, when? _____

Have you ever applied to this company before?

What position? _____

Yes

No

Starting with present or most recent, list all employers for the past 5 years. Include all self-employment, summer and part time jobs.

Previous or Current Employer

Name	Type of Business
Address	Telephone #
City, State, Zip Code	Job Title
Dates of Employment	Starting to Ending Salary
Reason for Leaving	
Supervisor's Name	Supervisor's Title

Description of work and responsibilities. Indicate what you like most and least about your job.

Previous Employer

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Dates of Employment	Starting to Ending Salary
Reason for Leaving	
Supervisor's Name	Supervisor's Title

Description of work and responsibilities. Indicate what you like most and least about your job.

Which of the above employers should we not contact? _____
WHY? _____

PERSONAL REFERENCES (no-relatives)

Name:	Known how long:
Address:	Telephone #:

BUSINESS OR EDUCATION REFERENCE

Name:	Known how long:
Address:	Telephone #:

BUSINESS OR EDUCATION REFERENCE

Name:	Known how long:
Address:	Telephone #:

Are you at least 18 years of age? Yes No
Have you been convicted within the last seven years of a felony or a misdemeanor, which resulted in imprisonment? You are not required to disclose sealed or expunged records of conviction or arrest, or expunged juvenile records of conviction or arrest.
Yes No

If yes, give details _____
(A conviction record will not necessarily be a bar to employment, factors such as age and time of the offense, seriousness and nature of violation, and rehabilitation will be taken into account.)

Are you currently under indictment? Yes No

Are you legally entitled to work in the United States? Yes No

Have you signed or authorized agreed to any non-solicitation, non-competition, or other similar post-employment restriction or agreement with your current or prior employer? Yes No

<u>Highest Level of Education/Trade Completed:</u>
<u>Please list any/all professional development completed:</u>
<u>What are your strengths?</u>

List any other schooling or training, including training received in the armed forces that may relate to the type of job you are seeking: _____

Use the space below to describe your interest in this company and the skills and aptitudes that you feel particularly qualify you for the type of job you seek. Please include any job-related certificate of license you held or any job related equipment you operate: _____

To proceed with the processing of your application, it may be necessary for the company to obtain an investigative consumer report on you. This will involve gathering information pertaining to your general reputation, personal characteristics, and mode of living and credit standing. Information may be obtained through personal interviews with your neighbors, friends, or other with whom you are acquainted. Facts and references on your application will also be used in this investigation. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

In the event you become an employee of the company, it may be, depending on certain business practices, considered necessary to obtain an investigative consumer report on you at a future date during your employment. Whenever adverse action is taken on the basis of such an inquiry, you will be notified and the name and address of the reporting agency will be made available to you.

PLEASE REVIEW YOUR ANSWERS TO ALL QUESTIONS AND THEN READ AND SIGN THE FOLLOWING:

I hereby certify that the information supplied in this application is complete and correct. I understand that any omissions or misstatement herein can be grounds for refusing to hire me or for terminating my employment if I have already been hired. I hereby consent to the company verifying the information furnished herein and hereby release all persons whom furnish information to the company in connection with such verification.

Signature: _____ Date: _____

**DISCLOSURE STATEMENT IN COMPLIANCE WITH THE FCRA
(FAIR CREDIT REPORTING ACT)**

In connection with your application for employment, you authorize Crescent Hotel and Spa, Inc. and/or Basin Park Hotel, Inc. (either referred to in this disclosure as "Employer") to retain a third-party background check agency to conduct a comprehensive review of your background. With your authorization, the Employer will be allowed to obtain from outside organizations a background check report, which may include, but not necessarily be limited to, the following areas: verification of social security number; credit reports; current and previous residences; employment history, education background; character references; drug testing; civil and criminal history records; driving records; birth records; and any other public records. The Employer does not intend to inquire into or consider any arrests or criminal records that are closed, sealed or expunged or which did not result in a conviction.

You have the right to obtain a written description of the nature and scope of the background check. The background check shall be used only for employment purposes.

If a background check contains adverse information that may be relied upon in making an employment decision, before an employment decision is made, you will be given the opportunity to receive and review a copy of the background check and an opportunity to explain any adverse information contained in the background check.

If you are denied employment or if your employment is terminated in part because of a background check, you will be advised of that fact and the source of the background check. Specifically, before any adverse action is taken, based in whole or in part on the information contained in the background check, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

I acknowledge that I have been provided with the Disclosure Statement in Compliance with the FCRA (Fair Credit Reporting Act) and that I have read and understand the Disclosure. I hereby authorize the Employer and/or its designated agents and representatives to conduct a background check and to obtain a background check report in accordance with this Disclosure.

First Name _____ Middle Initial _____ Last Name _____

Signature

Date

GENERAL RELEASE
applicants/employees

I hereby authorize Crescent Hotel and Spa, Inc. and/or Basin Park Hotel, Inc. (either referred to in this disclosure as "Employer") and its respective professional/human resources staff, employees, agents and representatives, to obtain any information that may be relevant to my employment with the Employer.

I further authorize the release of all information requested by the Employer from any institution, person or group of persons with whom I have in any way been associated for the purposes of evaluation of my qualifications for employment. If applicable, information may be requested from all present and past schools, colleges, universities, transcript offices, legal institutions or organizations, employers, personal references, business and professional associates or associations, all government agencies and instrumentalities, and any other pertinent source. I hereby agree that no claim shall be brought by me or on my behalf against any party, including the Employer, arising out of or related to the disclosure or release of such information.

I hereby indemnify, release, discharge and hold harmless the Employer, as well as any and all third parties who provide information about me to the Employer, including, but not limited to, the third parties listed above, from any and all liability, including defamation and other civil claims or damages, that may result from any acts or communications, reports, recommendations and/or disclosures made in connection with this consent and authorization and/or the furnishing of information to the Employer related to me or my criminal, employment, educational or other background and history.

I further hereby indemnify, release, discharge and hold harmless the Employer's from all liability related to the Employer's gathering, use, reliance upon or disclosure of any and all information obtained about me for purposes of evaluating my anticipated employment, including any information obtained in connection with any background checks performed by a thirdparty consumer reporting agency.

My consent to the disclosure of background or other information about me by former employers to the Employer for purposes of my anticipated employment with the Employer, if applicable, shall remain in effect for a period of six months from the date identified below. My consent and authorization for the release of all other information as provided herein shall remain in full force and effect indefinitely unless or until it is otherwise revoked by me in writing or otherwise required by state law.

I represent and warrant that the information contained in my materials to the Employer, and which I have otherwise provided to the Employer in connection with my anticipated employment, is accurate, true and complete to the best of my knowledge and belief. I understand and agree that any misrepresentation or failure to provide the requested information relating to my application for employment could be grounds for rejection, nonacceptance, revocation or termination.

Employee First Name _____ Middle Initial _____ Last Name _____

Signature

Date

DRUG/ALCOHOL TESTING POLICY

The safety and well being of each of our employee's is a concern to us. The use of illegal drugs, alcohol, and prescription drugs in excess of recommended dosage is perceived to be a detriment to the work environment and subsequently prohibited.

Effective January 01, 2017, the following drug/alcohol program was instituted.

If an employee is injured while working and must seek medical attention a drug/alcohol screening test will be mandatory. Testing positive to being under the influence of illegal drugs/alcohol or failure to consent to this test will be considered an admission that the employee is using drugs/alcohol and will result in their workers compensation benefits being denied **(as required by the Arkansas Workers Compensation Law)** and their employment being terminated.

I _____ an employee of the (check one) **Crescent/Basin** Hotel acknowledge that I have read and understand this drug/alcohol testing policy and agree to all its terms, conditions and results. I also agree that any Medical Provider performing this drug/alcohol test has my permission to release the results of this test to my employer's **Human Resources Department** and/or their Workers Compensation insurance provider. I agree to waive my rights to draw unemployment compensation if I am terminated because of the result of my drug/alcohol test.

Signed This Day: _____ By: _____