



Date: \_\_\_\_\_

### APPLICATION FOR EMPLOYMENT

Xanterra Kingsmill, LLC, is an equal opportunity employer and does not discriminate against any individual in any phase of employment on the basis of race, color, religion, sex, national origin, age, veteran status, disability or any other legally protected status under applicable law. IF NEEDED, PLEASE REQUEST ACCOMMODATION IN ORDER TO PARTICIPATE IN OUR APPLICATION PROCESS.

| Please PRINT neatly   |  |            |       | PERSONAL INFORMATION                 |           |           |          |
|---|--|------------|-------|--------------------------------------|-----------|-----------|----------|
| Last Name   |  | First Name |       | Middle Initial                       |           |           |          |
| Address (Street or PO Box #)  |  |            |       |                                      |           |           |          |
| City  |  |            | State |                                      | Zip Code  |           |          |
| Home Phone  |  | Cell Phone |       | Email Address                        |           |           |          |
|   |  |            |       |                                      |           |           |          |
| Position Applying For:  |  |            |       | Applying For:                        | Full-time | Part-time | Seasonal |
| Dates Available to Work: From _____ To _____  |  |            |       | Are you available to work any shift? |           |           |          |
|   |  |            |       | Yes                                  | No        |           |          |
| How did you hear about Kingsmill Resort:  |  |            |       |                                      |           |           |          |
|   |  |            |       |                                      |           |           |          |
| WORK EXPERIENCE   |  |            |       |                                      |           |           |          |
| Please begin with your most recent employer, and complete even if you provide a resume. |  |            |       |                                      |           |           |          |

|  |  |                                |                                  |                               |                              |  |
|--|--|--------------------------------|----------------------------------|-------------------------------|------------------------------|--|
| Name of Employer                               |  |                                | Address                          |                               |                              |  |
| Position you held                              |  |                                | Your supervisor's name and title |                               |                              |  |
| Dates you were employed<br>From _____ To _____ |  | Salary or Hourly Wage Received |                                  | May we contact this employer: |                              |  |
|  |  |                                |                                  | Yes                           | No                           |  |
| Specific job duties and responsibilities:      |  |                                |                                  |                               | Reason for leaving this job: |  |
|  |  |                                |                                  |                               |                              |  |

|  |  |                                |                                  |                               |                              |  |
|--|--|--------------------------------|----------------------------------|-------------------------------|------------------------------|--|
| Name of Employer                               |  |                                | Address                          |                               |                              |  |
| Position you held                              |  |                                | Your supervisor's name and title |                               |                              |  |
| Dates you were employed<br>From _____ To _____ |  | Salary or Hourly Wage Received |                                  | May we contact this employer: |                              |  |
|  |  |                                |                                  | Yes                           | No                           |  |
| Specific job duties and responsibilities:      |  |                                |                                  |                               | Reason for leaving this job: |  |
|  |  |                                |                                  |                               |                              |  |

|  |  |                                |                                  |                               |                              |  |
|--|--|--------------------------------|----------------------------------|-------------------------------|------------------------------|--|
| Name of Employer                               |  |                                | Address                          |                               |                              |  |
| Position you held                              |  |                                | Your supervisor's name and title |                               |                              |  |
| Dates you were employed<br>From _____ To _____ |  | Salary or Hourly Wage Received |                                  | May we contact this employer: |                              |  |
|  |  |                                |                                  | Yes                           | No                           |  |
| Specific job duties and responsibilities:      |  |                                |                                  |                               | Reason for leaving this job: |  |
|  |  |                                |                                  |                               |                              |  |

|  |  |                                |                                  |                               |                              |  |
|--|--|--------------------------------|----------------------------------|-------------------------------|------------------------------|--|
| Name of Employer                               |  |                                | Address                          |                               |                              |  |
| Position you held                              |  |                                | Your supervisor's name and title |                               |                              |  |
| Dates you were employed<br>From _____ To _____ |  | Salary or Hourly Wage Received |                                  | May we contact this employer: |                              |  |
|  |  |                                |                                  | Yes                           | No                           |  |
| Specific job duties and responsibilities:      |  |                                |                                  |                               | Reason for leaving this job: |  |
|  |  |                                |                                  |                               |                              |  |

**EDUCATION**

|  |             |                 |                   |
|--|-------------|-----------------|-------------------|
| Name of School   | City, State | Degree Received | Did you graduate? |
| Name of School   | City, State | Degree Received | Did you graduate? |
| List any additional training, certifications or licenses you may have: |             |                 |                   |
| List any special skills you may have:                                  |             |                 |                   |

**WORK AUTHORIZATION**

*In accordance with the Immigration Reform and Control Act of 1986, upon acceptance for employment, you will be required to provide proof of your identity and eligibility to work in the United States.*

|  |     |    |
|--|-----|----|
| Can you furnish proof you are eligible to work in the U.S.?  | Yes | No |
| Have you ever been convicted of a felony?  | Yes | No |
| NOTE: A conviction will not necessarily disqualify an applicant for employment. If yes, please indicate State and County as well as a description of the conviction. |     |    |

**GENERAL INFORMATION**

|  |   |    |
|--|---|----|
| Have you ever applied or worked for Kingsmill or any Xanterra Property?  | Yes   | No |
| If yes, please indicate your position, dates you worked and location:<br>If you worked for Kingsmill or a Xanterra Property under a different name, please indicate that name. |   |    |
| Are you related to any Kingsmill employee?   | Yes   | No |
| If yes, please list name(s) of relatives:  |   |    |
| For applicants applying for a position that requires driving a vehicle:  |   |    |
| Do you have a current valid driver's license?  | Yes   | No |
| Type/Class of license:   | If Yes, please provide driver's license #: State licensed in: |    |

**AFFIDAVIT, CONSENT & RELEASE: READ CAREFULLY BEFORE SIGNING**

I declare that all information provided in this application, including any attachment (i.e., resume, etc.) is true and complete. I understand that any false information or omission in this application may disqualify me from further consideration for employment and may result in dismissal, if discovered at a later date. I authorize the investigation of any or all information contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employer and organization to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment, it may be conditioned upon positive reference checks and a third-party background investigation (in compliance with the Fair Credit Reporting Act.) I also understand that I may be required to successfully pass drug screening examinations. I hereby consent to pre-employment and/or post-employment drug screens as a condition of employment, if required. If employed, I understand that I must abide by the Company's policies, rules and regulations. **I understand this document, any offer of employment or any other employment-related information does not constitute an employment contract. I understand employment is not for a specified term and is at the mutual consent of the employee and Company. Accordingly, either the employee or the Company may terminate employment at will, with or without cause, at any time.**

*I have read, understand and, by my signature, confirm these statements.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE -- FOR KINGSMILL USE ONLY**

|   |                     |                  |                  |                        |
|---|---------------------|------------------|------------------|------------------------|
| Hired: Yes <input type="radio"/> No <input type="radio"/> | Position Hired For: |                  |                  |                        |
| Business Unit Assignment:                                 | Department:         |                  | Position Wage:   | Start Date (if known): |
| Position is: (Circle One)                                 | Full-time Exempt    | Full-time Hourly | Part-time Hourly | Seasonal Hourly        |
| Additional Comments:                                      |                     |                  |                  |                        |

Name of Hiring Manager or HR Representative (Please PRINT): \_\_\_\_\_

Signature of Manager or HR Rep.: \_\_\_\_\_ Date: \_\_\_\_\_