

Application for Employment



Luray Caverns

Car & Carriage Caravan Museum

Stalactite Café

Luray Valley Museum

Caverns Country Club

Luray Caverns Motels

Application For Employment

An Equal Opportunity Employer

Date _____

Name _____ Soc. Sec. No. _____
First Middle Last

Address _____ Home Phone _____

City _____ State _____ Zip _____ Alternate Phone Number _____

Have you ever been employed by Luray Caverns Corp.? ____ Yes ____ No

If yes, dates and locations? _____

How were you referred to us? _____

Do you have any relatives who are employed by Luray Caverns? ____ Yes ____ No If yes, state name(s) and relationship(s) _____

Position Desired 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Date you can start _____ Salary desired _____

Will you work Nights? _____ Weekends? _____ Full Time? _____ Part Time? _____

Are you eligible to work in the United States? ____ Yes ____ No

Are you 18 years of age or older? ____ Yes ____ No Are You Able to Obtain a Workers Permit? ____ Yes ____ No

EDUCATION AND TRAINING

High School Name/Address	Diploma ____ yes ____ no	If no, highest grade completed?
College Name/Address	Degree ____ yes ____ no	Major:
Business/Technical/Other School Name/Address	Area of Study:	

List any other skill or honors which have a direct bearing on the job for which you are applying:

CURRENT OR MOST RECENT EMPLOYER May we contact your current employer about this application? ____ Yes ____ No

Company _____ Type of business _____

Address _____ Phone Number _____

WHEN STARTED

WHEN LEFT OR CURRENT

Last Supervisor's Name

Date _____ Date _____

Salary _____ Salary _____ Supervisor's phone # _____

Job Description _____ Job Description _____ Reason for leaving _____

PREVIOUS EMPLOYER

Company _____ Type of business _____

Address _____ Phone Number _____

WHEN STARTED

WHEN LEFT OR CURRENT

Last Supervisor's Name

Date _____ Date _____

Salary _____ Salary _____ Supervisor's phone # _____

Job Description _____ Job Description _____ Reason for leaving _____

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Salary _____ Salary _____ Supervisor's phone # _____

Job Description _____ Job Description _____ Reason for leaving _____

REFERENCES: List below the names of three persons (not employers or relatives) whom you have known for at least one year.

NAME	ADDRESS	PHONE #	OCCUPATION	YEARS ACQUAINTED

Have you ever been convicted of a felony or misdemeanor, or pled “Nolo contendere” (i.e. no contest) to any criminal charges in the past 10 years, excluding simple marijuana possession? ____ Yes ____ No

If yes, please state nature of offense, when, where and disposition _____

If you answered the above question yes, was your conviction due to a plea to a lesser charge or offense? ____ Yes ____ No

Explain: _____

A conviction record will not necessarily be a bar to employment. This information will be considered for job-related purposes and only to the extent permitted by applicable law.

TO BE COMPLETED BY DRIVER APPLICANTS ONLY:

Drivers License: State: _____ License No. _____ Type _____

Expiration Date: _____ Endorsements: _____

Driving Experience (Class of Equipment) _____

Accident Record for past 3 years: _____

CONSENT TO DISCLOSURE OF INFORMATION
READ CAREFULLY BEFORE SIGNING

I certify that all my answers in this Employment Application are true and complete to my best knowledge, and I understand that this Application will remain active for thirty (30) days only.

I authorize the Company to investigate and verify my answers, and I give the Company permission to contact schools, previous employers, references, and others in its investigation. I release both the Company and the party providing the information from any liability for this purpose. I also release the Company from any liability for providing information about my employment record to any prospective employer, government agency, or other party having a legal and proper interest.

I also authorize the Company to secure financial and credit information through a consumer reporting agency, and I understand that, upon my written request made within a reasonable time, the consumer reporting agency will provide me with additional information concerning the nature and scope of any credit report investigation. I also agree to participate in computerized interviewing, assessment testing, and any other similar Company requirements which are conditions of employment.

I understand that any false or misleading answer in this Employment Application or other pre-employment inquiry is grounds for rejection of my Application or immediate termination if I have been employed.

If employed, I will comply with all Company policies and rules found in any Company policy manual, employment handbook, or other communication from the Company. I understand the Company may change its policies and rules in the future without giving notice to me. I understand that the Company may require drug and alcohol testing as a condition of employment, or if I am involved in a work related injury, subject to applicable federal and state laws, and I consent to any such testing.

I agree not to use or disclose outside my employment with the Company any confidential information, wages, trade secret, or proprietary information, whatever its form, obtained in connection with my employment with the Company.

I understand that employment with the Company will be **TERMINABLE AT WILL**, that no employment contract will be valid unless made in writing and signed by the Company's President and that my employment may be ended at any time, for any reason, by me or the Company. If employed, I further understand that my first ninety (90) days are a probationary period (which may be extended in the Company's discretion) to determine whether my continued employment is appropriate.

I HAVE READ AND UNDERSTAND THE ABOVE.

Date _____ Applicant's Signature: _____