



APPLICATION FOR EMPLOYMENT

Dear Candidate:

To assist us in assessing your qualifications, we request that you complete this application in its entirety. This application will be used in conjunction with your personal resume. Information disclosed on both your resume and this application will be used only for the purposes of qualifying your candidacy.

AN EQUAL OPPORTUNITY EMPLOYER

We are an equal opportunity employer. We evaluate qualified applicants without regard to race, color, national origin, religion, sex, age, marital status, disability, veteran status, sexual orientation or gender identity, and other characteristics protected by law. The "EEO is the Law poster" is available at: http://www1.eeoc.gov/employers/upload/eeoc_self_print_poster.pdf. Individuals who need a reasonable accommodation because of a disability for any part of the employment process should contact the HR department to request a reasonable accommodation.

NOTE: ALL SECTIONS CONTAINED WITHIN THIS APPLICATION MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT.

NAME: _____			
LAST	FIRST	MIDDLE INITIAL	
ADDRESS: _____			
STREET	CITY	STATE	ZIP CODE
HOME PHONE NUMBER: _____		CELL / ALTERNATE NUMBER: _____	
E-MAIL ADDRESS (OPTIONAL): _____			
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? (IF AN OFFER OF EMPLOYMENT IS EXTENDED YOU MAY BE ASKED TO PROVIDE PROOF OF ENTITLEMENT.)			Yes <input type="checkbox"/> No <input type="checkbox"/>
DO YOU HAVE A VALID DRIVER'S LICENSE?			Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YOU DO NOT HAVE A VALID DRIVER'S LICENSE; DO YOU HAVE RELIABLE TRANSPORTATION TO/FROM WORK?			Yes <input type="checkbox"/> No <input type="checkbox"/>
HAVE YOU READ THE JOB DESCRIPTION FOR THE POSITION FOR WHICH YOU ARE APPLYING?			Yes <input type="checkbox"/> No <input type="checkbox"/>
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION?			Yes <input type="checkbox"/> No <input type="checkbox"/>

GENERAL INFORMATION

POSITION(S) APPLIED FOR: _____	DESIRED SALARY / WAGE: _____
HAVE YOU EVER WORKED FOR COCKAIGNE RESORT IN THE PAST? Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF YES, WHEN & IN WHAT POSITION? _____	
ARE YOU RELATED TO A CURRENT EMPLOYEE OF COCKAIGNE RESORT? Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF YES, WHO? _____	
IF OFFERED A POSITION WITH US, WHEN WOULD YOU BE AVAILABLE TO COMMENCE WORK? _____	
SHIFT OR TIMES YOU CAN WORK: _____	
DAYS OF THE WEEK YOU ARE AVAILABLE TO WORK: _____	
CAN YOU WORK OVERTIME WHEN SCHEDULED? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, WHEN? _____	

EDUCATION

PLEASE PROVIDE INFORMATION RELATED TO YOUR ACADEMIC BACKGROUND.

	SCHOOL NAME, CITY, STATE COURSE OF STUDY	# OF YEARS COMPLETED	COMPLETED	MAJOR(S) / MINOR(S)
HIGH SCHOOL			YES / NO	
COLLEGE / UNIVERSITY			YES / NO	
TRADE SCHOOL / OTHER			YES / NO	

MILITARY

BRANCH	DATES OF SERVICE	HIGHEST RANK
	FROM: TO:	
	FROM: TO:	

EMPLOYMENT HISTORY

PLEASE LIST YOUR LAST 3 EMPLOYERS IN MOST RECENT ORDER.

COMPANY NAME	LOCATION	DATES OF EMPLOYMENT FROM: ___/___/___ TO: ___/___/___
PHONE NUMBER	POSITION HELD	
REASON(S) FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? YES / NO	SALARY

COMPANY NAME	LOCATION	DATES OF EMPLOYMENT FROM: ___/___/___ TO: ___/___/___
PHONE NUMBER	POSITION HELD	
REASON(S) FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? YES / NO	SALARY

COMPANY NAME	LOCATION	DATES OF EMPLOYMENT FROM: ___/___/___ TO: ___/___/___
PHONE NUMBER	POSITION HELD	
REASON(S) FOR LEAVING	MAY WE CONTACT THIS EMPLOYER? YES / NO	SALARY

EMPLOYMENT REFERENCE INFORMATION

PLEASE LIST THREE EMPLOYER REFERENCES (BELOW), TO VERIFY YOUR PREVIOUS EMPLOYMENT INFORMATION.

CONTACT NAME	COMPANY	CONTACT'S POSITION	TELEPHONE NUMBER(S)

ADDITIONAL INFORMATION

IN SPACE BELOW, ADD ANY COMMENT OR ADDITIONAL QUALIFICATIONS, SKILLS, SPECIAL TRAINING, LICENSES OR CERTIFICATIONS.

REFERRAL SOURCE

<input type="checkbox"/> ADVERTISEMENT _____	<input type="checkbox"/> EMPLOYMENT AGENCY _____
<input type="checkbox"/> WEBSITE _____	<input type="checkbox"/> NYS DEPT OF LABOR _____
<input type="checkbox"/> PERSONAL REFERRAL _____	<input type="checkbox"/> OTHER _____

PERSONAL INFORMATION CONSENT

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING

PLEASE BE ADVISED THAT THE ACCURACY OF YOUR STATEMENTS MAY BE VERIFIED. WITH YOUR SIGNATURE, YOU ARE AUTHORIZING COCKAIGNE RESORT, LLC (THE "COMPANY") TO OBTAIN FROM FORMER EMPLOYERS (AS LISTED IN YOUR REFERENCE INFORMATION) PROFESSIONAL AND PERSONAL REFERENCES, AND TO CONFIRM DEGREES AWARDED AT EDUCATIONAL INSTITUTIONS. THE COMPANY RECOGNIZES AND RESPECTS THE IMPORTANCE OF PRIVACY AND THE PERSONAL INFORMATION COLLECTED WILL BE USED FOR THE SOLE PURPOSES OF ASSESSING YOUR QUALIFICATIONS FOR A POSITION WITHIN THE COMPANY.

I CERTIFY THAT ALL OF MY ANSWERS GIVEN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND THAT SUPPLYING FALSE INFORMATION HEREIN SHALL RESULT IN IMMEDIATE DISQUALIFICATION OF CONSIDERATION FOR EMPLOYMENT OR TERMINATION FROM EMPLOYMENT, IF HIRED, REGARDLESS OF WHEN SUCH FALSE INFORMATION IS DISCOVERED.
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.
I UNDERSTAND THAT IF HIRED, I WILL BE AN "AT-WILL" EMPLOYEE, WHICH MEANS MY EMPLOYMENT IS NOT GUARANTEED FOR ANY DURATION AND CAN BE TERMINATED EITHER BY MYSELF OR THE COMPANY AT ANY TIME FOR ANY REASON AND NEITHER THIS DOCUMENT NOR ANY OFFER OF EMPLOYMENT FROM THE EMPLOYER CONSTITUTES AN EMPLOYMENT CONTRACT, UNLESS A SPECIFIC DOCUMENT TO THAT EFFECT IS EXECUTED BY THE EMPLOYER AND EMPLOYEE IN WRITING

SIGNATURE: _____ **DATE:** _____

Pre-Offer Invitation to Self-Identify

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice: It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, national origin, protected veteran status, or any other characteristic protected by law.

Cockaigne Resort, LLC (the Company) is subject to certain nondiscrimination, equal employment, and affirmative action recordkeeping and reporting requirements which require the Company to invite potential employees to voluntarily self-identify their race/ethnicity and Veteran status. Submission of this information is voluntary and refusal to provide it will not influence our screening or hiring decisions and will not subject you to discharge, disciplinary or any other adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes. If you choose not to self-identify your race/ethnicity at this time, the federal government requires the Company to determine this information by visual survey and/or other available information. For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

Please complete the attached self-identification form, which includes the option to choose not to self-identify.

YOUR NAME (PRINT): _____
(FIRST) (LAST)

DATE: _____

YOUR SEX: Female Male I choose not to self-identify

YOUR RACE / ETHNICITY – CHOOSE ONE CATEGORY:

YOUR VETERAN STATUS:

Definitions of Race, Ethnicity and Veteran Status are Provided Below

Hispanic or Latino

If not Hispanic or Latino, select one category below:

White

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

Two or More Races

I choose not to self-identify

I am a Protected Veteran

I am not a Protected Veteran

I choose not to self-identify

RACE/ETHNICITY DEFINITIONS:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment

Two or More Races (Not Hispanic or Latino): Persons who identify with two or more race categories named above

VETERAN STATUS DEFINITIONS:

Disabled Veteran: (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (2) a person who was discharged or released from active duty because of a service-connected disability.

Recently separated veteran: any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active duty wartime or campaign badge veteran: a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed forces service medal veteran: a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Why are you being asked to complete this form?

Because we may do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities¹. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you have ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every 5 years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV / AIDS
- Multiple sclerosis (MS)
- Impairments requiring wheelchair use
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (FKA: mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.doi.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays valid OMB control number. This survey should take about 5 minutes to complete.