



PO Box 289 Zephyr Cove, NV 89448
 (775) 588-6759 (775) 588-1095 - Fax
 www.zephyrpoint.org

APPLICATION FOR EMPLOYMENT

Zephyr Point is an Equal Opportunity Employer

As an equal opportunity employer, ZPPCC prohibits employment and/or advancement discrimination regardless of race/ethnicity, color, sex, national origin, ancestry, age, marital status, sexual orientation, gender identity, protected disability status, veteran status, religious affiliation (except where religious affiliation is a bona fide occupational qualification), or any other legally protected status.

Please print all answers accurately. The information supplied is subject to verification, and any inaccuracy or omission may disqualify you from employment.

PERSONAL INFORMATION			
Name of Applicant (Last)	(First)	(Middle)	Social Security Number
Mailing Address (P.O. Box)	(City)	(State)	(Zip) Phone Number
Physical Address (Street)	(City)	(State)	(Zip) How long at current address?
Driver's License number		State of issue	
Are you over the age of 21? Yes No		Have you ever used another name?	
Church affiliation		Pastor	
Are you currently employed? Yes No	If so, state position:	May we contact your present and past employers? Yes No	
Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment (excluding traffic violations)? Conviction does not necessarily disqualify the applicant from employment. Yes No			
Please provide date, place and disposition of any convictions.			
Will Transportation be a problem either summer or winter? Yes No		Do you have the legal right to work in the United States of America?	
POSITION DESIRED			
Position Desired - First Choice	Second Choice	Third Choice	
Date you can start	Days/Hours available to work		
EMPLOYMENT HISTORY			
Please list your work experience for the past eight years beginning with your most recent job held. (Use separate sheet of paper if needed for additional jobs)			
Company	Dates of employment From To		
Address	Position		
City	State	Zip	Supervisor Wages
Phone	Reason for leaving		
Company	Dates of employment From To		
Address	Position		
City	State	Zip	Supervisor Wages
Phone	Reason for leaving		

Company	Dates of employment From _____ To _____		
Address	City _____ State _____ Zip _____		Position _____
Phone _____	Reason for leaving _____		
Company	Dates of employment From _____ To _____		
Address	City _____ State _____ Zip _____		Position _____
Phone _____	Reason for leaving _____		
EDUCATION			
NAME	LOCATION	DEGREE OR GRADE COMPLETED	
High School			
College			
Other training			
Special Skills			
REFERENCES			
Please list three references other than relatives or previous employers.			
NAME	ADDRESS	PHONE	OCCUPATION
1)			
2)			
3)			

Zephyr Point Presbyterian Conference Center prohibits the use, possession, sale and/or distribution of illegal drugs in or on ZPPCC property or while work is being performed for ZPPCC. Violation of ZPPCC drug policy will result in disciplinary action up to and including suspension or termination. ZPPCC specifically reserves the right to administer a scientifically valid testing procedure to employees on an incident-related or scheduled basis to determine whether an employee is under the influence of alcohol or whether illegal drugs are present in the body. Failure to submit to such a test may result in the suspension or termination of an employee. If you are selected for employment at ZPPCC you will be required to take a drug test prior to hire.

I authorize ZPPCC to obtain any information concerning my record of character whether from records of previous employment, Douglas County Sheriff's Department, District Attorney's Office, references or other parties. I authorize said companies and individuals to release such information and release them from any liability or damage which may result from this information. I understand all information supplied in this application is subject to verification and any inaccuracy, omission or falsification may disqualify me from consideration for employment or result in my immediate discharge if I am selected for employment.

I understand that my employment is not for any definite term and may be terminated at any time, without advance notice by either myself or ZPPCC, for any reason. I understand that should I be accepted for employment at ZPPCC, I will be an at-will employee.

In consideration for employment with ZPPCC if employed, I agree to comply with rules, regulations, and policies of ZPPCC at all times and understand that such compliance is a condition of employment.

I understand that my application will be kept on file for a period of 12 months, and after this period if I would like to be considered for this or any other position, I will need to complete a new application.

By signing this document I verify that I have read and understood and agreed to the above statements.

Signature

Date