



**GRANITE HILL CAMPING RESORT**  
EMPLOYMENT APPLICATION  
3340 Fairfield Road, Gettysburg, PA 17325  
Phone: 717.642.8749 Fax: 717.642.8025



Personal Information

Name \_\_\_\_\_  
First Middle Last

Permanent Address: \_\_\_\_\_  
Street Address City/ State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Are you 18 years old or older? Yes No If no, What is your date of birth? \_\_\_\_\_

Have you ever worked at GHCR before? Yes No If yes, please list dates worked \_\_\_\_\_

Do you know anyone who works at GHCR? Yes No If yes, please list \_\_\_\_\_

What is your desired salary? \_\_\_\_\_

Have you been convicted of any crime or entered a plea of nolo contendere? Yes No If yes, please explain: \_\_\_\_\_  
(This item includes misdemeanors and felonies regardless of the length of times, which has lapsed since their occurrence. Minor traffic violations resulting in a fine of \$499 or less do not need to be disclosed. Convictions dismissed under Section 1203.4 of the Penal Code MUST be disclosed. Convictions will not necessarily disqualify applicant from employment-all factors involved will be considered including age and time of offense, seriousness and nature of violation and rehabilitation.)

Availability

Position applied for (number choice 1 through 6: \_\_\_ Guest Services \_\_\_ Housekeeping \_\_\_ Cafe \_\_\_ Golf \_\_\_ Maintenance \_\_\_ Groundskeeper

Are you available to work April 1 through November 1? Yes No If no, please list start and end dates \_\_\_\_\_

Please list the times you are available for work each day between 8AM and 10PM

| DAY  | S | M | T | W | T | F | S |
|------|---|---|---|---|---|---|---|
| FROM |   |   |   |   |   |   |   |
| TO   |   |   |   |   |   |   |   |

Do you have a dependable way to get to work? Yes No Please explain: \_\_\_\_\_

Occasionally you may be asked to stay late, leave early, or come in on your day off.

What problems do you foresee with this? \_\_\_\_\_

Are you aware of any reason that you cannot perform the essential functions of the job? Yes No

Please explain: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

| Education |        |       |                |
|-----------|--------|-------|----------------|
| Years     | School | Major | Degree Granted |
|           |        |       |                |
|           |        |       |                |
|           |        |       |                |
|           |        |       |                |

| Work History                       |              |  |            |
|------------------------------------|--------------|--|------------|
| Are you currently employed? Yes No |              | May we contact your present employer? Yes No |            |
| Company _____                      | From _____   | Month _____                                  | Year _____ |
| Address _____                      | To _____     | Month _____                                  | Year _____ |
| City/State _____                   | Phone _____  | Month _____                                  | Year _____ |
| Position _____                     | Salary _____ | Supervisor _____                             |            |
| List of Duties _____               |              |  |            |
| Reason for Leaving _____           |              |  |            |
| Company _____                      | From _____   | Month _____                                  | Year _____ |
| Address _____                      | To _____     | Month _____                                  | Year _____ |
| City/State _____                   | Phone _____  | Month _____                                  | Year _____ |
| Position _____                     | Salary _____ | Supervisor _____                             |            |
| List of Duties _____               |              |  |            |
| Reason for Leaving _____           |              |  |            |
| Company _____                      | From _____   | Month _____                                  | Year _____ |
| Address _____                      | To _____     | Month _____                                  | Year _____ |
| City/State _____                   | Phone _____  | Month _____                                  | Year _____ |
| Position _____                     | Salary _____ | Supervisor _____                             |            |
| List of Duties _____               |              |  |            |
| Reason for Leaving _____           |              |  |            |

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

## Interests, Special Talents or Second Languages

Briefly explain why you would like to work at GHCR

Tell us about your skills and experience, including specialized training, which might have a bearing on the position(s) for which you are applying. Include participation in varsity sports or high school and college coursework that may be applicable. Attach a separate sheet if necessary.

## References

LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

If you have never been employed, please list references that you have been responsible to in some manner, for example: teachers, guidance counselors, or people for whom you have done yard work, babysitting, or other chores or tasks.

### 1<sup>st</sup> Reference

Name \_\_\_\_\_

Business \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Years Acquainted \_\_\_\_\_

### 2<sup>nd</sup> Reference

Name \_\_\_\_\_

Business \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Years Acquainted \_\_\_\_\_

### 3<sup>rd</sup> Reference

Name \_\_\_\_\_

Business \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_ Years Acquainted \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

To comply with the Federal Employment Eligibility Verification Law you must bring either one document from list A or one document from List B and one document from List C as follows:

**List A**

- United States Passport
- Certificate of United States Citizenship
- Certificate of Naturalization
- Unexpired Foreign Passport with Employment Authorization
- Alien Registration Card with Photograph

**List B**

- Unexpired State-Issued Drivers License
- Unexpired State-Issued Identification Card
- School Identification Card with Photograph
- Voters Registration Card
- United States Military Card

**List C**

- Social Security Number Card
- An original or Certified Copy of a Birth Certificate issued by a State or County, bearing an original seal.

For persons under age 18 who are unable to present a document listed above:

- School Record or Report Card
- Clinic, Doctor, or Hospital Record
- Daycare or Nursery School Record

*Failure to provide the document(s) required by law will result in immediate termination.*

I give Timberline Recreational Enterprises, Inc. management staff the right to investigate all references and to secure additional information about me. Furthermore, I give the Employer the right to verify any educational reference given in the application. I hereby release, from liability, the Employer and its representatives for seeking such information and all other corporations, educational institutions, or organizations for furnishing such information.

**Please read carefully before signing this application**

I the undersigned do understand and agree that activities related to employment with Timberline Recreational Enterprises, Inc. contain inherent risks that could lead to property loss or damage and/or bodily injury or even death. If I am hired, I further agree to release, hold harmless, indemnify and defend Timberline Recreational Enterprises, Inc., its agents, owners, directors, officers, stockholders and employees from any and all liability related to said activities from any cause whatsoever. I further agree that any dispute arising from this contract will be litigated exclusively in Court of Common Pleas of Adams County, PA.

I certify that the information on this application is accurate and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if applicant is under 18 years of age)

\_\_\_\_\_  
Date