



SHATLEY SPRINGS INN

407 Shatley Springs Road, Crumpler, NC 28617 (336) 982-2236

DATE OF APPLICATION

APPLICATION FOR EMPLOYMENT

LAST NAME

FIRST

ADDRESS

CITY

STATE

ZIP

TELEPHONE HOME

TELEPHONE CELL

DATE OF BIRTH (Optional if over 18)

POSITION APPLYING FOR (CHECK ALL POSITIONS FOR WHICH YOU WISH TO BE CONSIDERED):

- COOK WAITRESS DISHWASHER DESK CLERK HOSTESS CASHIER
 SECRETARY OTHER: _____

CHECK FIVE DAYS PER WEEK THAT YOU PREFER TO WORK. MARK THROUGH DAYS YOU CANNOT WORK.

- MON TUES WED THUR FRI SAT SUN

CHECK THE TIME PERIODS YOU WOULD LIKE TO WORK.

- 6:00 AM-3:00 PM 8:00 AM-5:00 PM 11:00 AM-3:00 PM 12:00 PM-9:00 PM 4:00 PM-10:00 PM
 7:00 AM-4:30 PM 8:00 AM-3:00 PM 12:00 PM-3:00 PM 1:00 PM-10:00 PM 5:00 PM-10:00 PM

- FULL TIME PART TIME _____ _____

- MOP FLOORS CLEAN TABLES WASH DISHES CLEAN BATHROOMS
 SWEEP FLOORS SCRUB POTS WAIT TABLES COOK

What Is The Minimum Pay Per Hour You Will Accept? \$ _____ per hour

Have You Worked At Shatley Springs Before? If YES, When? _____ YES NO

If You Are Not A U.S. Citizen, Do You Have Proof Of Immigration Status? YES NO

Proof Of Citizenship And Immigration Status Will Be Required For Employment.

Are You Single Married Separated Divorced

Are You Currently Employed? If YES, Where? _____ YES NO

Are You Available For Immediate Work? If NO, When? _____ YES NO

Do You Have Your Own Dependable Transportation For Traveling To And From Work? YES NO

Indicate Any Prior Experience You Have Had:

Read and sign the _____ of this application.

REFERENCES

Please Provide Name, Address and Phone Numbers for two references.

Name:	Place of Employment:
Address:	Phone:
Name:	Place of Employment:
Address:	Phone:

EMERGENCY CONTACT

Name of Emergency Contact:	Relationship:	
Address:		
Home Phone:	Work Phone:	Cell Phone:

Signature below indicates an understanding and acceptance of the conditions of employment outlined on the separate document. All questions on the application must be answered.

Date: _____ Signature of applicant: _____

Date: _____ Signature of Parent: _____

Parent's signature required for applicants under 18 years of age. Applicants under 18 years of age are required to obtain a work permit from Social Services.

CONDITIONS OF EMPLOYMENT

The Shatley Springs Inn is an equal opportunity employer. Discrimination because of race, creed, religion, sex, or national origin is prohibited. Potential employees, who do not support the concept of equal opportunity, should not accept employment.

The Shatley Springs Inn is operated on a seasonal basis and is open only April through November. Employment will not be available from November through April. Since the number of employees required is dependent upon the volume of business, no assurance is given that continuous employment will be available, even during the operating season. No employee should anticipate more than 40 hours of work each week. Employees should not expect to draw unemployment compensation based upon employment at Shatley Springs Inn, because it is a seasonal business.

Employment is governed by the Federal Wage and Hour Law and North Carolina Labor Laws. The North Carolina minimum wage is \$7.25 per hour; the Federal minimum wage is \$7.25 per hour. Wait staff will receive \$2.13 per hour, plus tips. Wait staff must keep a record of all tips received and report the amount received to their employer at any time requested by employer. Social Security Tax, Federal Income Tax, and State Income Tax will be deducted from all pay.

Employees are expected to wear appropriate clothing each day and meet any standard for dress established by any official government health agency. A standard uniform is not furnished to employees. Black pants with a white shirt is acceptable. North Carolina Environmental Health Agency requires food service personnel to wear a uniform.

Employees may arrange for vacation, without pay, by providing at least 8 days notice. Vacation pay is not furnished. Employees are expected to work holidays and on Saturday and Sunday. Anyone unable to work on Saturday or Sunday should not apply for work at Shatley Springs.

Employees will only be paid for time they are working. Employees must take 30 minutes for meals. Any time taken from work for any reason such as coffee break, eating or sickness will not qualify for compensation. Employees must clock out before taking breaks or meals. Any employee who takes a break without clocking out, will have their time record adjusted in accordance with the judgement of manager or supervisor on duty.

Employees agree, by signature on this application, to limit claims against the employer to those covered by Workmans Compensation Law. Any accident not covered by the Workman's Compensation Law is the complete responsibility of the employee. Any accident must be immediately reported to the employer and work may not resume until a complete investigation is conducted. The failure of an employee to immediately report an accident and see appropriate medical authorities will preclude any claim from being made under the Workman's Compensation Law. Employees relinquish their right to any claims for accidents when the accident occurred as a consequence of the employee not following proper and safe procedures. The employee is responsible for any accident that occurs while running, jumping, or operating equipment which has not been approved by the manager for that employee to use. Anyone having an accident requiring medical attention will be required to take a drug test.

Employees must pay for meals consumed. The rate for meals is subject to modification, but is currently \$3.75 per day.

Payday will be held every other week for employees; the pay day will be held on Thursday. Employees not receiving their pay on the scheduled payday may be paid on any subsequent day that is mutually convenient with the paymaster. Advance pay is not available. An employee does not have a right to receive any accumulated pay prior to payday. An employee leaving employment for any reason will not be entitled to pay until the next regular payday.

North Carolina prohibits smoking in all restaurants. This means you will not be allowed to smoke while on duty working.

Signature below indicates an understanding and acceptance of the conditions of employment outlined in the preceding paragraphs. All questions on the application must be answered.

Date: _____ Signature of applicant: _____

Date: _____ Signature of Parent: _____

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