

## Lilly's on the Lake Statement of Values

Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

- We believe in doing business in a professional and orderly manner.
- We believe in honesty and integrity.
- We believe that only a happy and professional staff can give the level of personal service we demand.
- We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.
- We believe in providing legendary service the unique and powerful sort of personal care and attention that our guests tell stories about.
- We believe that everyone is capable of being an A+ player.

If this feels like an environment for you, please sign and date below.

| Signature           | Date |  |
|---------------------|------|--|
| <u> </u>            |      |  |
| Name (please print) |      |  |

## Lilly's on the Lake - Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

| ** PLEASE PRINT CLEARLY                                                                                                | ′ **                              |                               |                                        |  |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------|----------------------------------------|--|
| Position(s) applied for                                                                                                |                                   | D                             | ate/                                   |  |
| How did you find out about this job?                                                                                   | ☐ Newspaper ☐ Employee ☐ W        | Valk-in ☐ Relative ☐ Oth      | er                                     |  |
| Why are you seeking a new job at this                                                                                  | time?                             |                               |                                        |  |
| <b>Applicant Information</b>                                                                                           | n                                 |                               |                                        |  |
| First Name                                                                                                             | Middle                            | Last                          |                                        |  |
| Street Address                                                                                                         | Social S                          | Social Security No            |                                        |  |
| City/State/Zip                                                                                                         |                                   | Phone ()                      |                                        |  |
| If hired, do you have a reliable means of                                                                              | of transportation to get to work? | Describe _                    |                                        |  |
| What is your date of birth (mm/dd/yy)?                                                                                 | ? If you are unde                 | r 18 years of age, can you fu | ırnish a work permit?                  |  |
| If the job you are applying for requires<br>Are you legally eligible for employmen                                     |                                   |                               |                                        |  |
| Have you been convicted of a crime?   Yellow York: The existence of a criminal record does                             |                                   |                               | of the case. Include dates and places. |  |
| Are you a veteran?                                                                                                     |                                   |                               |                                        |  |
| List any special skills or training:                                                                                   |                                   |                               |                                        |  |
| Do you currently posses a food handler                                                                                 | s's card? Expiration date?        |                               |                                        |  |
| <b>Employment Inform</b>                                                                                               | ation                             |                               |                                        |  |
| Are you seeking full time, part time or                                                                                | temporary employment?             |                               |                                        |  |
| What hours and shift(s) would you pre-                                                                                 | fer to work?                      |                               |                                        |  |
| List times you are not available to work                                                                               | k?                                |                               |                                        |  |
| Are you willing to work overtime?                                                                                      | Weekends? Hol                     | idays?                        |                                        |  |
| Are you currently employed?                                                                                            | If hired, when would you be al    | ble to start?                 |                                        |  |
| Have you ever worked for this organization                                                                             | ation before? If yes, na          | ame used:                     |                                        |  |
| List any friends or relatives employed                                                                                 | by this company:                  |                               |                                        |  |
| Have you ever been discharged or aske                                                                                  | ed to resign from any position?   | If yes, please descri         | be:                                    |  |
| If applicable, please refer to the attache tasks with or without reasonable accoperform, and explain what type of acco | mmodation? Please des             |                               |                                        |  |

Lilly's on the Lake provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Lilly's on the Lake complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence,

| mentary: 1 2 3 4 5 6 7 8                                                   | Secondary: 9 10     | 11 12 G.E.D               | College: 1 2 3 4 5 6 7 |  |
|----------------------------------------------------------------------------|---------------------|---------------------------|------------------------|--|
| ne of School:                                                              | Name of School:     |                           | Name of School:        |  |
| ation of School:                                                           | Location of School: |                           | Location of School:    |  |
| in high school, are you enrolled in a recognized co-op program? ☐ Yes ☐ No |                     | ☐ Yes ☐ No                | Degree & Major:        |  |
| es, identify program and school:                                           |                     |                           | Minor:                 |  |
| Vork History (please begin w                                               | ith most recent)    |                           |                        |  |
| <del>-</del>                                                               |                     |                           |                        |  |
| Company                                                                    |                     | Phone No. with Area Co    | ode ( )                |  |
| Address                                                                    |                     | City/State/Zip            |                        |  |
| Dates of Employment: From                                                  | To                  | Salary: Beginning Ending  |                        |  |
| Job Title                                                                  |                     | Supervisor's Name & Title |                        |  |
| Describe duties briefly:                                                   |                     |                           |                        |  |
| Specific reason for leaving:                                               |                     |                           |                        |  |
| Company                                                                    |                     |                           |                        |  |
| Address                                                                    |                     | City/State/Zip            |                        |  |
| Dates of Employment: From                                                  | To                  | Salary: Beginning         | Ending                 |  |
| Job Title                                                                  |                     | Supervisor's Name & Title |                        |  |
| Describe duties briefly:                                                   |                     |                           |                        |  |
| Specific reason for leaving:                                               |                     |                           |                        |  |
| Company                                                                    |                     | Phone No. with Area Co    | ode ()                 |  |
| Address                                                                    |                     | City/State/Zip            |                        |  |
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| Job Title                                                                  |                     | Supervisor's Name & T     | itle                   |  |
| Describe duties briefly:                                                   |                     |                           |                        |  |
| Specific reason for leaving:                                               |                     |                           |                        |  |
| Company                                                                    |                     | Phone No. with Area Co    | ode ( )                |  |
| Address                                                                    |                     | City/State/Zip            |                        |  |
| Dates of Employment: From                                                  | To                  | Salary: Beginning         | Ending                 |  |
| T.1. (PVI).                                                                |                     | Supervisor's Name & T     | itle                   |  |
| Job Title                                                                  |                     |                           |                        |  |
| Describe duties briefly:                                                   |                     |                           |                        |  |

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## **Authorizations & At-Will Employment Agreement**

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification form my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company to order my background report, including investigative consumer reports. I understand that this company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law. I hereby agree to provide any additional information that might be needed to obtain said report(s).

I authorize this company, if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable period of time, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

## AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

| Signature           | Date |
|---------------------|------|
|                     |      |
| Name (please print) |      |
|                     |      |

Please submit applications to: careers@lillysonthelake.com