



1501 Queens Way, Fairbanks, Alaska 99701
 (907)456-7143
 www.fountainheadhotels.com

Position Desired _____

Name _____

Address _____ LAST FIRST MI

Telephone Number: _____

If necessary for the job, are you over (please circle one): 14 16 18 21 (Licensed premises must be 16 or older)

If necessary for the job, can you provide a valid Alaska Drivers License? Yes No ADL # _____

Type of employment desired: Full-Time Part-Time

Days available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours available: 6am - 2pm 2pm - 10pm 10pm - 6am Willing to work overtime Yes No

Property preference: Wedgewood Resort Sophie Station Hotel Bridgewater Hotel Construction

Dates I am available to work: ____/____/____ until ____/____/____

Have you been employed by Fountainhead in the past? Yes No Dates employed: ____/____/____ to ____/____/____

Are you related to someone currently employed by Fountainhead? Yes No Name: _____

Have you ever been convicted of a crime other than a misdemeanor? Yes No

If yes, please explain: _____

(Conviction of crime will not necessarily prevent acceptance for employment)

EMPLOYMENT HISTORY

Start with most recent position, furnish dates and explanations for each period of unemployment of one month or more.

Employer Name and Address:	
Telephone Number:	Supervisor:
Position:	Salary:
Dates of Employment:	
Duties:	
Reason For Leaving:	

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Telephone Number:	Supervisor:
Position:	Salary:
Dates of Employment:	
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Duties:	
Reason For Leaving:	

MILITARY SERVICE Yes No Duty / Specialized Training: _____

REFERENCES List two personal references who are not relatives or former supervisors.

Name	Address/Phone	Occupation	Years Known

EDUCATION AND TRAINING:

	Years Completed	Field of Study	Graduate or Degree
High School			
College / University			
Business / Technical / Other			

Summarize other employment related to this job: _____

List other knowledge, languages, special technical or computer skills, and/or individual capabilities you have which especially prepare you for the position for which you have applied: _____

Applicant Statement - Please read carefully

I have answered all questions to the best of my ability. If employed, I realize false information or misrepresentation of the facts will be grounds for dismissal. I authorize any necessary inquiries as to my character, reputation, and ability and release those supplying any information from all liability. I understand that all offers of employment are contingent upon alcohol and drug test results. I understand and agree to the above statement.

 Applicant Signature

 Date

All applicants receive consideration for employment without regard to race, color, religion, gender, marital status, age, national origin, disability, or veteran status.

DRUG & ALCOHOL TESTING CONSENT FORM

(All applicants must sign Consent Form before being considered for employment)

I, _____, hereby give my consent to Fountainhead Development, Inc. (FDI), 1501 Queens Way, Fairbanks, AK, 99701, and AAT, Inc., 1919 Lathrop Street, Suite 203, Fairbanks, AK, 99701, to perform the appropriate tests to identify the presence of drugs and alcohol. Specifically, the drugs tested for will be *Marijuana, Cocaine, Phencyclidine (PCP), Amphetamines, and Opiates*.

I understand that during my employment with FDI, I will be tested under the following circumstances:

Pre-employment - All new employees will be hired on condition of passing a drug and alcohol test. All applicants must sign a consent form before being considered for employment. Those under 18 years of age must have a consent form signed by a parent or legal guardian.

Random Testing - All employees are subject to unannounced drug testing on a random basis. Each month a percentage of employees will be selected to undergo drug and alcohol screening. Each month, each employee will have an equal chance of selection. Such sample will be collected during normal working hours.

Post Accident - FDI will make every effort to ensure that all persons involved in any work related accident that results in medical treatment beyond first aid, or that results in property damage of \$500 or more, will be tested for use of illicit substances and alcohol.

Reasonable Cause - FDI will require a drug and/or alcohol test of any person suspected of using or being under the influence of an illicit drug or alcohol. Reasonable cause testing will be initiated whenever it is believed, through observation of specific physical and/or behavioral symptoms, that an employee has used an illegal substance and/or abused a legal drug or alcohol.

I (we) authorize AAT, Inc. to release all test results to Fountainhead Development, Inc.

I (we) the undersigned hold AAT, Inc. and Fountainhead Development, Inc., their officers, and employees harmless.

I (we) indemnify AAT, Inc. and Fountainhead Development, Inc., their officers, and employees of any legal action that may arise from this drug screen to the full extent allowed by law.

I understand that refusal to take any test, attempts to dilute or adulterate specimens, or conduct that in any way obstructs the collection process, will result in the termination of my employment and/or denial of my application for employment with FDI.

 Employee/Applicant Signature Date

 Parent/Legal Guardian Date
 (required if applicant is under 18 years of age)

 Witness/FDI Representative Date
 (Parent/Legal Guardian must sign in the presence of a FDI representative)

FDI is a drug and alcohol free workplace. The unlawful manufacture, distribution, dispensation, possession, sale, or use of a controlled substance, or abuse of a legal drug, or use of alcohol in the workplace or while engaging in FDI business is strictly prohibited. Such conduct is also prohibited during non work hours to the extent that it impairs an employee's abilities to perform on the job.

FAILURE TO SIGN THE CONSENT FORM WILL RESULT IN TERMINATION OF EMPLOYMENT AND/OR DENIAL OF EMPLOYMENT APPLICATION.

