

Thank you for your interest in a job with Fountainhead Development, Inc. and Fountainhead Hotels!

The next two pages are our paper application.

- 1) Print out or download the application
- 2) Fill out the application as completely as possible
- 3) Once complete, you may either:

Drop of In Person at Wedgewood
Resort Visitors Center

212 Wedgewood Dr.
Fairbanks, AK 99701

Drop of In Person at Sophie Station
Suites Front Desk

1717 University Ave.
Fairbanks, AK 99709

OR:

For Wedgewood Resort,

email to Melissa H.
melissaH@fountainheadhotels.com

For Sophie Station,

email to Bonni B.
bonniB@fountainheadhotels.com

They will be calling and emailing to schedule interviews. **IMPORTANT:** Please respond to communications (phone, email, text) in order to be considered for the positions available.

Thank you!



A thoroughly completed application form is required to be considered for employment. Every blank must have a response included. Enter N/A if an item does not apply. Incomplete applications will NOT be considered. Resume attachments are welcome, but cannot be substituted for any portion of the application.

Position Desired – 1 st Choice	Position Desired – 2 nd Choice	Application Date
_____	_____	_____
Last Name	First Name	Middle Name
_____	_____	_____
Mailing Address	City	State Zip Code
_____	_____	_____
Telephone Number	Email Address (required)	
_____	_____	

If necessary for the job, are you over (mark one)? 14 16 18 21 (Licensed premises require 16 or older)

If necessary for the job, can you provide a valid Alaska Driver’s License? Yes No Does Not Apply

Have you ever been employed by Fountainhead (including any of the locations listed above) previously? No Yes

If Yes: Dates employed: ___ / ___ / ___ to ___ / ___ / ___ Name when employed: _____

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

EMPLOYMENT HISTORY

Complete **all** sections. Start with the **most recent position first**. Furnish dates and explanations for each period of unemployment of one month or more. **Do not leave any item blank. Enter N/A if an item does not apply.**

Employer/Company Name:	Address:
Telephone Number:	Position/Title:
Dates of Employment: / / to / /	Reason for Leaving:
Duties:	

Employer/Company Name:	Address:
Telephone Number:	Position/Title:
Dates of Employment: / / to / /	Reason for Leaving:
Duties:	

Employer/Company Name:	Address:
Telephone Number:	Position/Title:
Dates of Employment: / / to / /	Reason for Leaving:
Duties:	

EDUCATION

	Years Complete	Field of Study	Degree or Certification
High School/GED			
College/University			
Business /Technical/Other			

MILITARY SERVICE No Yes: Duty / Specialized Training: _____

