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

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.

OR:

Thank you!

## **EMPLOYMENT APPLICATION**

A thoroughly completed application form is required to be considered for employment. Every blank must have a



1501 Queens Way Fairbanks, Alaska 99701 907.456.7143 office

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 - 1st Choice Position Desired - 2<sup>nd</sup> 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)?  $\Box$  14  $\Box$  16  $\Box$  18  $\Box$  21 (Licensed premises require 16 or older) ☐ Yes ☐ No If necessary for the job, can you provide a valid Alaska Driver's License? ☐ Does Not Apply Have you ever been employed by Fountainhead (including any of the locations listed above) previously?  $\square$  No  $\square$  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: Reason for Leaving: Duties: Employer/Company Name: Address: Telephone Number: Position/Title: Dates of Employment: Reason for Leaving: Duties: Employer/Company Name: Address: Telephone Number: Position/Title: Dates of Employment: Reason for Leaving: to 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: \_\_\_

Fountainhead Development, Inc. is an equal opportunity employer and does not discriminate in employment on the basis of race, color, national origin, citizenship, religion, gender, gender identity or expression, sexual orientation, pregnancy, parental status, marital status, age, disability, genetic information, veteran status, or any other classification protected by applicable law.

## **APPLICATION STATEMENT - Please read carefully**

By signing below: 1) I certify that the facts set forth in this employment application and attached application materials are complete, true and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for this position, or if hired, disciplinary action up to and including discharge. 2) I understand that as part of the hiring process and where permitted by federal, state, and/or local law the company may wish to obtain "consumer reports" as part of a background investigation. If applicable and permitted by law, I understand the company will provide me with separate written notification of this intent and I agree to complete any requisite authorization forms. 3) I authorize the company to confirm all statements in this application and/or my resume as they relate to the position and to the extent permitted by applicable law. I hereby release the company and its authorized representatives to verify all information provided by me. I authorize any party contacted by this employer including persons, schools, organizations or former employers to disclose such information from any liability, claims, charges or causes of action which may result of the delivery or disclosure of requested information. 4) I understand that all offers of employment are contingent upon alcohol and drug test results.

## **DRUG & ALCOHOL TESTING CONSENT - Please read carefully**

Fountainhead Development, Inc. (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. By signing below:

I, hereby give my consent to FDI, 1501 Queens Way, Fairbanks, AK, 99701, and Alaska Medical Lab Services LLC dba AAT, Inc. (AAT), 1405 Kellum St., Suite 100, Fairbanks, AK, 99701, to perform the appropriate tests to identify the presence of drugs and alcohol. Specifically, the drugs tested for will be *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 to release all test results to FDI.

I (we) hold AAT and FDI, their officers, and employees harmless.

I (we) indemnify AAT and FDI, their officers, and employees of any legal action that may arise from this drug and alcohol 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 denial of my application for employment, job offer rescission and/or termination of my employment with FDI.

Applicant Signature

Date

Parent/Legal Guardian Printed Name

FAILURE TO PROVIDE APPLICABLE LEGAL SIGNATURES, AND/OR PROVIDING A FRAUDULENT PARENT/LEGAL GUARDIAN SIGNATURE WILL RESULT IN DENIAL OF APPLICATION FOR EMPLOYMENT, JOB OFFER RESCISSION AND/OR TERMINATION OF EMPLOYMENT.

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