



Dear Applicant:

We appreciate your interest in adding to the success of Lost Creek Marina!

As part of our pre-employment screening process, we require mandatory drug/alcohol testing and a criminal background check going back a minimum of 7 years. As part of our employment process, employees agree to submit to mandatory random drug and alcohol testing as a condition of their continuing employment.

If you wish to proceed with our consideration of your qualifications for potential employment, then please sign this form to acknowledge that you must comply with pre-employment screening and Lewis Resorts, LLC dba Lost Creek Marina must receive satisfactory results from your screening prior to employing you.

Thanks and best of luck!

**Acknowledgment**

I acknowledge and will comply with pre-employment screening to be considered a candidate for employment with Lewis Resorts, LLC dba Lost Creek Marina. I further understand that if the results from screening or from reviewing my qualifications are not satisfactory, Lewis Resorts, LLC dba Lost Creek Marina will not elect to employ me. In addition, I understand, if employed by Lewis Resorts, LLC dba Lost Creek Marina, I agree to submit to mandatory random drug and alcohol testing and adhere to the ZERO TOLERANCE DRUG & ALCOHOL POLICY as a condition of continuing employment.

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Applicant Signature

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Date

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Applicant Printed Name

Lewis Resorts, LLC dba  
**LOST CREEK MARINA**  
35211 Hwy 62 – Trail, OR 97541  
PO Box 615 - Shady Cove, OR 97539  
LostCreekLake.com



## Seasonal Employment Application

We consider applicants for all positions on the basis of qualifications and without regard to race, religion, color, sex, gender identity, sexual orientation, national origin, ancestry, citizenship status, uniform service member status, marital status, pregnancy, age, a diagnosis or history of cancer, disability, genetic characteristics or any other category protected by applicable federal, state, or local laws.

**\*\*\*\*\*PREEMPLOYMENT DRUG TESTING IS REQUIRED\*\*\*\*\***

**PLEASE PRINT**

Position(s) Applied For	Date of Application
Location – City:	State:

How did you learn about the company? (circle one)

Advertisement     
  Friend     
  Walk-in  
 Recruiting Firm     
  Current Employee     
  Other:

Last Name	First Name	Middle Name
Address Number	Street	City State Zip Code
Telephone Number(s) where we can contact you:		Your personal e-mail address (mandatory):
Home: ( )		Work: ( )

Are you available to work: Regular Full-time, Hours: \_\_\_\_\_

Regular Part-time, Hours: \_\_\_\_\_

Temporary-Hours: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work (e.g. authorized working papers) ? Yes No

Have you been convicted of a felony in the previous 7 years? Yes No

If yes, please give date: \_\_\_\_\_

Have you ever been employed with the company before? Yes No

If yes, please give date: \_\_\_\_\_

Are you currently employed? Yes No

May we contact your present employer for a reference? Yes No

Are you legally qualified to work in the United States? Yes No

*(Under federal law, we must require proof of your identity and employment authorization upon employment.)*

Date you would be available to start work? \_\_\_\_\_



EDUCATION		ELEMENTARY SCHOOL	HIGH SCHOOL	TECHNICAL SCHOOL	COLLEGE
a	SCHOOL NAME				
b	SCHOOL LOCATION				
c	YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
d	DIPLOMA / DEGREE	XXXXXXXXXXXX	YES or NO	YES or NO	YES or NO
e	MAJOR COURSE(S) OF STUDY				
f	HONORS RECEIVED				

<b>MILITARY (USA)</b>	(Circle) - ARMY, NAVY, AIR FORCE, MARINES, COAST GUARD, NATIONAL GUARD	YRS: 1 2 3 4 5 6 7 8 9 10
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BUSINESS REFERENCES				
	BUSINESS NAME	CONTACT NAME	ADDRESS	TELEPHONE #
1				
2				
3				

PERSONAL REFERENCES				
	ASSOCIATION (Teacher, Pastor, etc)	CONTACT NAME	ADDRESS	TELEPHONE #
1				
2				
3				

- >> **Lost Creek Lake & Marina:** Located on Hwy 62 - Trail, Oregon in Stewart State Park Day Use Area. Near Milepost 33
- > Our Team provides fun activities for thousands of visitors each year.
  - > Please check out our website at [www.LostCreekLake.com](http://www.LostCreekLake.com) for more details.
  - > Café, Store, Visitor Center
  - > Tackle Shop & Oregon State Fish & Wildlife Agent (sell Licenses)
  - > Rent Boats and Boat Slip/Moorage

How did you found out about Lost Creek Lake & Marina? \_\_\_\_\_

Do you have..... ? (circle YES or NO):

- YES / NO < Driver's License (CURRENT/VALID)?
- YES / NO < Do you have your own reliable transportation?
- YES / NO < Food Handler's Card (CURRENT/VALID)?
- YES / NO < OLCC Server Card (CURRENT/VALID)? (Oregon Liquor Control Commission)
- YES / NO < First Aid /CPR Certification (CURRENT/VALID)?
- YES / NO < Oregon Boater's Safety License (CURRENT/VALID)?

Describe your abilities, skills & experience that might better qualify you for employment in this environment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Experience in any of these categories? Please circle yes or no

yes	no	< BOATING
yes	no	< SAILING
yes	no	< WAKE BOARD
yes	no	< WATER SKI
yes	no	< PADDLE BOARD
yes	no	< KAYAKING
yes	no	< FISHING
yes	no	< HUNTING
yes	no	< CAMPING
yes	no	< TEAM SPORTS

yes	no	< CUSTOMER SERVICE
yes	no	< COOK (at home or work)
yes	no	< SERVER - FOOD
yes	no	< SERVER - ALCOHOL
yes	no	< CASHIERING
yes	no	< INVENTORY CONTROL
yes	no	< PURCHASING
yes	no	< JANITORIAL
yes	no	< RENTALS
yes	no	< RESERVATIONS

yes	no	< SALES & SERVICE
yes	no	< BOAT MAINTENANCE
yes	no	< BOAT MOTOR REPAIR
yes	no	< SMALL ENGINE REPAIR
yes	no	< BUILDING MAINTENANCE
yes	no	< PAINTING
yes	no	< GROUNDS MAINTENANCE
yes	no	< FIRST AID / CPR
yes	no	< FIRE SAFETY
yes	no	< BOATING SAFETY



**Employment Experience**

Start with your present or most recent position. If information is already on your resume, fill in only those items not listed on your resume (i.e. reason for leaving, salary, etc.).

1. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			
2. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			
3. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			
4. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.



**Special Skills and Qualifications**

Summarize special job-related skills and qualifications acquired from employment or other experience.

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Have you ever had any job-related training in the United States military? Yes    No

If yes, please give date: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying? Yes    No

If "no," what are some reasonable accommodations to allow you to perform the essential functions of the job for which you are applying?

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State any additional information you feel may be helpful to us in considering your application.

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**I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.**

**I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.**

**In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date