

# Employment Application

# APPLICATION FOR EMPLOYMENT

Position Desired: \_\_\_\_\_ [ ] Part time [ ] Full time [ ] Year round [ ] Seasonal

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
APPLICANT'S STATEMENT**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my driving record, my criminal record and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

**DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT**

\_\_\_\_\_

Date Signature of Applicant

Name \_\_\_\_\_  
(Print) Last First Middle

Present Address \_\_\_\_\_  
Street and Number City State How long have you lived there? \_\_\_\_\_  
Years Months

Previous Address \_\_\_\_\_  
Street and Number City State How long did you live there? \_\_\_\_\_  
Years Months

Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Can you work – [ ] Overtime? [ ] Weekends? Do you have a shift preference? \_\_\_\_\_  
If so, which shift? \_\_\_\_\_

Have you ever worked for this Company before? [ ] Yes [ ] No  
If Yes, please give dates and position: \_\_\_\_\_

Have you ever pled guilty, or no contest to, or been convicted of a felony? [ ] Yes [ ] No  
If Yes, please give the date(s) and details: \_\_\_\_\_

Have you ever pled guilty, or no contest to, or been convicted of, a misdemeanor resulting in imprisonment within the last seven years? [ ] Yes [ ] No

If Yes, please give the date(s) and details: \_\_\_\_\_

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? [ ] Yes [ ] No

If Yes, please give the date(s) and details:

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions for which the record has been sealed or expunged in answering this question.)

**RECORD OF PREVIOUS EMPLOYMENT**

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	Employed From (mo/yr) _____ To (mo/yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of Last Supervisor _____	Exact Reason for Leaving _____
Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	Employed From (mo/yr) _____ To (mo/yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of Last Supervisor _____	Exact Reason for Leaving _____
Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	Employed From (mo/yr) _____ To (mo/yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of Last Supervisor _____	Exact Reason for Leaving _____
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Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	Employed From (mo/yr) _____ To (mo/yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name and Title of Last Supervisor _____	Exact Reason for Leaving _____

Have you ever been terminated or asked to resign from any job?  Yes  No

If Yes please explain circumstances: \_\_\_\_\_  
 \_\_\_\_\_

Please explain fully any gaps in your employment history: \_\_\_\_\_  
 \_\_\_\_\_

May we contact your current employer?  Yes  No. If No, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying. \_\_\_\_\_  
 \_\_\_\_\_

Have you ever used another name?  Yes  No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

If hired, can you furnish proof that you are over 18 years of age?  Yes  No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying?  Yes  No

Do you have adequate transportation to and from work?  Yes  No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

_____	NUMBER OF DAYS
YEAR	
_____	NUMBER OF DAYS
YEAR	
_____	NUMBER OF DAYS
YEAR	

**EDUCATION**

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

**PERSONAL REFERENCES**

Please list persons who know you well -- **not** previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.**

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

\_\_\_\_\_ Date

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

ADDITIONAL INFORMATION. Please indicate any actual experience you have in any of the following positions:

- |   |                                       |  |  |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Sales        | <input type="checkbox"/> Driver        | <input type="checkbox"/> Banquets          |
| <input type="checkbox"/> Accounting     | <input type="checkbox"/> Server       | <input type="checkbox"/> Recreation    | <input type="checkbox"/> Landscape/Grounds |
| <input type="checkbox"/> Front Desk     | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Maintenance   | <input type="checkbox"/> Computer Services |
| <input type="checkbox"/> Reservations   | <input type="checkbox"/> Cook         | <input type="checkbox"/> Telephone/PBX |  |
| <input type="checkbox"/> Purchasing     | <input type="checkbox"/> Bell staff   | <input type="checkbox"/> Security      |  |

**DRIVING INFORMATION**

Complete the following if applying for position which requires driving:

Do you have a current driver's license?  yes  no

State: \_\_\_\_\_ Lic. No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver's license ever been suspended or revoked?  yes  no

If yes, please explain circumstances: \_\_\_\_\_

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)?  yes  no

If yes, please explain the outcome: \_\_\_\_\_

Please list all moving traffic violations in the last five (5) years:

_____	_____	_____	_____	_____	_____
Offense	Date	Location	Offense	Date	Location
_____	_____	_____	_____	_____	_____
Offense	Date	Location	Offense	Date	Location