

EMPLOYMENT APPLICATION

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER:		DATE APPLIED
ADDRESS		PHONE NUMBER	ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CITY	STATE	ZIP		CITIZEN OF U.S.A. OR LEGAL RIGHT TO WORK IN U.S.A. <input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL ADDRESS		HAVE YOU EVER BEEN EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	STARTING WAGE EXPECTED \$	
AS A HOTEL EMPLOYEE, YOU WILL BE REQUIRED TO WORK ON WEEKENDS, WEEKDAYS, EVENINGS & HOLIDAYS. ARE YOU AVAILABLE TO WORK ALL OF THESE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY? IF YES, LIST NAME AND RELATIONSHIP.		
ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EMPLOYMENT HISTORY Start With Your Present Or Most Recent Job.				
Employer	Dates Employed From To		Job Title	Work Performed
Address			Reason for Leaving	
Telephone	Wage / Salary		Supervisor	
Employer	Dates Employed From To		Job Title	Work Performed
Address			Reason for Leaving	
Telephone	Wage / Salary		Supervisor	
Employer	Dates Employed From To		Job Title	Work Performed
Address			Reason for Leaving	
Telephone	Wage / Salary		Supervisor	
EDUCATIONAL BACKGROUND				
School	Name & Location of School	Course of Study	Years Attended	Diplma/Degree
High School				
College				
Other (Specify)				

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. 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 document 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 _____ Date _____