

## EMPLOYMENT APPLICATION

### Equal Opportunity Employer

Position for which Applying		
Application Date	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Salary Desired

#### PERSONAL DATA

Last Name	First Name	Middle Initial	Social Security Number
Street Address			
City		State	Zip
Home Phone		Alternative Phone	Time at Present Address
Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please initial: I understand that, if hired, I will be required to show documents proving work eligibility. _____	
Are you 16 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No			

#### EDUCATION

	Name of School	Address	Diploma Or Degree	Major
High School			Y / N	
College			Y / N	
Graduate School			Y / N	
Other			Y / N	

If you did not graduate, indicate the number of credit hours completed? \_\_\_\_\_

Are you presently enrolled or do you intent to enroll in school?    Yes    No    Where? \_\_\_\_\_

#### RECORD OF EMPLOYMENT (For Last 10 Years)

Please complete in detail starting with present employer. Account fully for your occupied and unoccupied time including military service. Attach list of additional positions if necessary. Please be certain that all addresses and telephone numbers are correct and complete.  
May we contact your present employer?  Yes  No  Not Applicable

Employer	Employed From - To	Title
Address	Phone	Base Salary First - Last
Supervisor	Phone	Other Compensation
Reason for Leaving or Desiring Change		
Employer	Employed From - To	Title
Address	Phone	Base Salary First - Last
Supervisor	Phone	Other Compensation
Reason for Leaving or Desiring Change		
Employer	Employed From - To	Title
Address	Phone	Base Salary First - Last
Supervisor	Phone	Other Compensation
Reason for Leaving or Desiring Change		

Have you ever worked for this company or an affiliated company? If so, under what name? \_\_\_\_\_  
 Are you now or do you expect to be engaged in any other employment while employed at the Hotel?     Yes  No  
 If yes, give nature of business and amount of your time it requires: \_\_\_\_\_

**EXPERIENCE & SKILLS**

Type of Experience	Yrs.	Mos.
Guest Services		
Reservations		
Switchboard		
Food & Beverage		
Housekeeping		

Type of Experience	Yrs.	Mos.
Accounting		
Maintenance		
Sales & Marketing		
Supervisory/Management		
Secretarial/Clerical		

Other Experience and skills: \_\_\_\_\_

List any activities which have provided you with experience, training, or skills which you feel would be helpful in a position with this Hotel.

\_\_\_\_\_

\_\_\_\_\_

If accepted for a position can you:

- a) Work 8 hour a day, five days a week?  Yes  No
- b) Work overtime if needed on an occasional basis?  Yes  No
- c) Travel/Relocate?  Yes  No
- d) Be away from home overnight?  Yes  No
- e) Work a schedule other than Mon –Fri?  Yes  No
- f) Work a rotating schedule?  Yes  No

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
To	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

**Please Note:** Work schedules are based upon the business needs of the hotel and may be subject to change.

Have you ever been convicted of a crime other than a minor traffic violation? The existence of a criminal record will not automatically disqualify you from the job for which you are applying.  Yes  No. If yes please explain fully: \_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Please list 3 Business references. (Do not list relatives)

Name	Phone Number	Title/Occupation	Years Known

Add any additional information you feel is important \_\_\_\_\_

\_\_\_\_\_

How did you hear about us?  Advertisement  Newspaper  Friend  Other \_\_\_\_\_

Do any of your friends or relatives work here?  Yes  No If yes, list name(s) \_\_\_\_\_

**PLEASE READ CAREFULLY**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of the company.

I authorize investigation of all statements contained here and the references listed above to give you any and all information concerning my previous employment and my pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing to you.

I understand and agree that, if employed, the employment will be "at will". That is, either I or the company may end the employment relationship at any time, for any reason, or for no reason. I understand that only the President and Chief Operating Officer has authority to enter into any agreement contrary to the foregoing, any agreement contrary to the foregoing must be in writing and signed by the President and Chief Operating Officer.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_