

Date

# APPLICATION FOR EMPLOYMENT

Position Applied For

Middle

First

Last

### PLEASE READ CAREFULLY

This application form is for general usage throughout the United States and the applicant should not answer any question/s which he/she feels may violate federal, state and/or local law or which he/she feels is not related to the position applied for.

A routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report, if one is made, will be provided.

**AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

# APPLICATION FOR EMPLOYMENT

(PLEASE TYPE OR PRINT CLEARLY)

FILL IN ALL SPACES. IF ITEM DOES NOT APPLY WRITE "NONE"

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NO.	TELEPHONE AND AREA CODE

STREET ADDRESS	CITY	STATE AND ZIP CODE	STATE AGE IF UNDER 18

POSITION APPLIED FOR	SALARY REQUIRED \$ _____ Per _____	DATE AVAILABLE	REFERRED BY

EDUCATION	NAME AND ADDRESS OF SCHOOL ATTENDED	COURSE OF STUDY	DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
High School		X	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other: Specify			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional work experience/skills and information relating to position applied for or of general interest (attach supplemental sheet, if necessary) \_\_\_\_\_

Are you willing to travel <input type="checkbox"/> Regularly <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> None	GEOGRAPHICAL PREFERENCES 1. _____
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Have you ever applied for or received worker's compensation benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. _____
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Describe any physical/mental disability limitations you may have that effect the position for which you are applying	Name of person to call in an emergency _____ ADDRESS _____ CITY _____ STATE _____ TELEPHONE AND AREA CODE _____
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Have you ever been bonded? \_\_\_\_\_ If yes, when \_\_\_\_\_

Have you been convicted of a felony in the past 10 years? \_\_\_\_\_ If yes, describe fully \_\_\_\_\_

Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check of your record? If yes, please explain: \_\_\_\_\_

VETERAN OF U.S. ARMED FORCES <input type="checkbox"/> Yes <input type="checkbox"/> No	SERVICE BRANCH 	DATE DISCHARGED & FINAL RANK 	SELECTIVE SERVICE CLASSIFICATION OR RESERVE STATUS 
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Describe hobbies, special interests, awards and activities: (Omit reference to organizations/activities which have racial, religious or sex identification) \_\_\_\_\_

FOREIGN LANGUAGES IN WHICH YOU ARE FLUENT				FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY
Write	Speak	Read		
1. _____				
2. _____				
3. _____				

Have you ever worked for this company or any of its subsidiaries?  Yes  No  
If yes, please state when \_\_\_\_\_ where \_\_\_\_\_



## PREVIOUS EMPLOYMENT HISTORY

BEGIN WITH PRESENT OR MOST RECENT EMPLOYER AND ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT

NAME AND ADDRESS OF COMPANY	FROM		TO		POSITION TITLE	BASE SALARY		START
	MO.	YR.	MO.	YR.		\$ _____	PER _____	
						SUPERVISOR	\$ _____	
					TELEPHONE NO. AND AREA CODE	\$ _____	PER _____	FINAL
TYPE OF BUSINESS OR PRODUCT LINE:								
BRIEF DESCRIPTION OF YOUR DUTIES								
REASON FOR LEAVING								
NAME AND ADDRESS OF COMPANY	FROM		TO		POSITION TITLE	BASE SALARY		START
	MO.	YR.	MO.	YR.		\$ _____	PER _____	
						SUPERVISOR	\$ _____	
					TELEPHONE NO. AND AREA CODE	\$ _____	PER _____	FINAL
TYPE OF BUSINESS OR PRODUCT LINE:								
BRIEF DESCRIPTION OF YOUR DUTIES								
REASON FOR LEAVING								
NAME AND ADDRESS OF COMPANY	FROM		TO		POSITION TITLE	BASE SALARY		START
	MO.	YR.	MO.	YR.		\$ _____	PER _____	
						SUPERVISOR	\$ _____	
					TELEPHONE NO. AND AREA CODE	\$ _____	PER _____	FINAL
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NAME AND ADDRESS OF COMPANY	FROM		TO		POSITION TITLE	BASE SALARY		FINAL
	MO.	YR.	MO.	YR.		\$ _____	PER _____	
					SUPERVISOR			
					TELEPHONE NO. AND AREA CODE	\$ _____	PER _____	START
TYPE OF BUSINESS OR PRODUCT LINE:								
BRIEF DESCRIPTION OF YOUR DUTIES								
REASON FOR LEAVING								

## PRE-EMPLOYMENT STATEMENT

I certify that to the best of my knowledge the foregoing statements and medical history information given by me are true. I understand that if I am employed, any misrepresentation or omission by me herein will be sufficient cause for dismissal from the service of this company or any of its subsidiaries (hereinafter referred to as "Company"). I also authorize any investigation of the above information for purposes of verification. Furthermore I agree that during the course of my employment any accounts which may be owing by me to the "Company" may, at the discretion of the "Company" be withheld from my salary. I also agree and understand that if employed by the "Company" my employment is for no definite period of time and may, regardless of the date of payment of my salary, be terminated at any time with the customary notice as prescribed by law either by myself or by the "Company", without necessity on the part of either for showing special cause for termination. I consent to taking any pre-employment physical examination required by the "Company" and such future physical examinations as may be required by the "Company".

May we contact present employer?  Yes  No

Signature \_\_\_\_\_ DATE \_\_\_\_\_

### DO NOT WRITE BELOW THIS LINE—FOR COMPANY USE ONLY

DATE OF INTERVIEW	INTERVIEWER	POSITION FOR WHICH CONSIDERED	EMPLOYED AS	DATE HIRED	STARTING SALARY
					\$ _____ PER _____
DIVISION #		LOCATION #	UNIT, INN, COMPANY		DEPARTMENT #
Full Time <input type="checkbox"/>	On Call <input type="checkbox"/>	Union <input type="checkbox"/>	Company <input type="checkbox"/>	Replacement <input type="checkbox"/>	Hrs. Per Wk. _____
Part Time <input type="checkbox"/>	Temp. <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	New Position <input type="checkbox"/>	
Requisition #	Position #	Benefits <input type="checkbox"/>	Inn Payroll <input type="checkbox"/>	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire	<input type="checkbox"/> Reinstatement <input type="checkbox"/> Transfer
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt
SIGNATURE			APPROVED		DATE