Employment Application

-An Equal Opportunity Employer-

Hotel I	Name					City				State	
Persor	nal Infori	mation							Date	;	
Name								Social S	ecurity Number		
	Last		Firs	t		Middle					
Address											
	Number		S	treet		(City		State	Zip	Code
Home Phone No.			Cel	ll Phone No.	e No. E-mail Add			ail Address			
Referral S	Source Inforr	mation									
Emplo	yment D	esired	/Avail	ability							
Position applying for							Date y	ou can start			
	Employed?	Yes	No			·		•	. ,	Yes No	
Have you	ever been e	mployed Yes	by this c No	ompany?	If Yes,	which loca	ation?	Dates?	Job Title	Reason	for leaving
The hotel is	open for busine	ss 24 hours.	Shifts sta	rt as early as 5	a.m. and	d end as late a	as 6 a.m.	Please check r	nark days and fill in ti	ime you are ava	ilable to wor
	Monday Tuesday		day	Wednesday		Thursday		Friday	Saturday	Sunday	
Days											
Time											
	form the essen									Yes	No
Do you have adequate and dependable transportation to and from work?								Yes	No		
Are you available to work holidays and weekends?							Yes	No			
Are you willing to work overtime?								Yes	No		
Are you willing to travel? If yes, how often?								Yes	No		
Salary Requ	iired										
Do you wan	t to work?							Part-time/	10-31 hours) F	Full Time(32 + h	iours)

Work Status Information Have you ever been convicted of a criminal offense? Yes Nο Conviction of a criminal offenses is not a bar to employment in all cases. Each conviction is evaluated individually. If yes, please list charge(s): Date Where convicted Disposition/Status If hired, can you provide identification such as a US passport, Driver's License or photo ID issued by a State? Yes No If hired, can you submit documents to prove your legal right to work in the USA? Yes No If under age 18, may we contact your parent or guardian? Is this acceptable? Yes No Are you of legal age to serve alcohol? Yes No We have a policy against the use of drugs and alcohol in the workplace. Are you willing to comply? Yes No Do you presently have a job that you intend to keep? Yes No If we offer you the job, how long do you plan to stay with us? **Education History** Name & Location Years Attended? Did you Graduate? Subjects Studied? High School College Trade, Business or Correspondence School Subjects of Special Study/Research or Training/Skills? Which languages, other than English, do you speak? Additional Training/Skills Information Skills and information relating to position applied for or of general interest:

Describe hobbies, special interests, awards and activities(Omit references to organizations which have racial, religious, or sex identification.):

Dates	yers (List last four, starting with						1	
	Name & Address of Employer	Te	elephone	Salary	F	Position	Reason for leaving	
From To								
	<u> </u>							
References (Lis	t the names of whom you have kno	own for at le	ast three yea	rs and a	re not rel	ated to vo	ou)	
	Address				Years		Business	
Name	Address	1	Telephone		Known			
[Į					
Authorization								
Authorization								
-	supplied in this application and atta						-	
-	rstand that, if employed, falsified st							
	on of all statements contained here oncerning my previous employment							
	pany from all liability for any damag							
	d agree that no representative of the							
	specified period of time, or to make ed company representative.	an agreeme	ent contrary to	o the for	egoing, u	inless it is	in writing and	
This waiver does not	permit the release of use of disabil	lity-related o	r medical info	ormation	in a man	ner nrohi	hited by the	
	lities Act (ADA) and other relevant			mation	iii a man	inoi pioni	bited by the	
I understand and agre	ee to a drug test and that a negativ	e result ther	efrom is requ	ired as o	conditions	s of empl	oyment."	
Signature			Date:					