

# APPLICATION FOR EMPLOYMENT

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

NAME (First) (Middle) (Last) SOCIAL SECURITY NUMBER

CURRENT ADDRESS (Street) CITY STATE ZIP CODE

TELEPHONE NUMBER REFERRED BY

Are you over the age of 18? Yes \_\_\_\_\_ No \_\_\_\_\_. Date of Birth \_\_\_\_\_. (Optional) but if hired will have to supply

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Have you ever been employed by us? Yes \_\_\_\_\_ No \_\_\_\_\_.  
 If yes, when? \_\_\_\_\_ At what location? \_\_\_\_\_

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? Yes \_\_\_\_\_ No \_\_\_\_\_.  
 If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime? \*Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, state nature of offense, when, where and disposition.

\*A conviction record will not necessarily be a bar to employment. This information will be used only for job related purposes and only to the extent permitted by applicable law.

Do you have the legal right to work and remain in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

## RECORD OF EDUCATION

SCHOOL NAME	COURSE OF STUDY	NUMBER OF YEARS	DID YOU GRADUATE?

Have you ever worked in the Hospitality/Resort Industry? Yes \_\_\_\_\_ No \_\_\_\_\_

Office equipment you can operate:

Cash Register \_\_\_\_\_ Credit Card Machine \_\_\_\_\_ Computer \_\_\_\_\_ Fax \_\_\_\_\_

Adding Machine \_\_\_\_\_ Typewriter \_\_\_\_\_ WPM \_\_\_\_\_ Copier \_\_\_\_\_ Other \_\_\_\_\_

List work experience, skills, and/or abilities that you feel are related to the job for which you are applying \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Are you employed now? \_\_\_\_ Yes \_\_\_\_ No. If yes, may we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No.

FORMER EMPLOYERS (LIST BELOW, LAST TWO EMPLOYERS, STARTING WITH LAST ONE FIRST.)

EMPLOYER _____ STREET _____ ADDRESS _____ CITY _____ ST _____ ZIP _____  SUPERVISOR'S NAME: _____ PHONE: _____
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EMPLOYED FROM: _____ TO: _____  SALARY BEGINNING: _____ ENDING: _____	DESCRIBE WORK DONE: _____ _____ _____	REASON FOR LEAVING: _____ _____ _____
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EMPLOYER _____ STREET _____ ADDRESS _____ CITY _____ ST _____ ZIP _____  SUPERVISOR'S NAME: _____ PHONE: _____
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EMPLOYED FROM: _____ TO: _____  SALARY BEGINNING: _____ ENDING: _____	DESCRIBE WORK DONE: _____ _____ _____	REASON FOR LEAVING: _____ _____ _____
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**REFERENCE:**

GIVE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	OCCUPATION	ADDRESS	PHONE

**READ CAREFULLY BEFORE SIGNING BELOW:**

We are an Equal Employment Opportunity Employer.

We do not discriminate in hiring, promotion, discharge, pay, fringe benefits, job training, clasification, referral and other aspects of employment on the basis of Race, Creed, Color, Religion, Sex, National Origin, Age, Disabilities or Handicap.

I certify that the facts contained in this application are true and to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

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

In consideration of my employment, I agree to conform to the rules and regulations of the company.

\_\_\_\_\_  
 DATE PRINT NAME SIGNATURE