## **Application for Employment**

Wonder	View	lnn

This Employer is an equal opportunity employer. We consider applicants without regard to race, color, sex, sexual orientation, physical or mental disability, religion, age, ancestry, national origin, veteran status, or any other legally protected status.

Last Name		First	Middle			Today's date
Edot Hamo			Middle			roddy o ddio
Street Address						Telephone
City		State	Zip			E-mail address
Have you ever ap	oplied for employment with to	us?				Social Security Number
Job you are apply	-					Pay Expected
If hired, how soor	n could you begin?					Shift Preferred
Will you work						
Full time		Veekends				
How did you hear	about our company?					
Are you able to po	erform the essential function	ns of the job with or witho	out reasonable accommodations?			
If hired, can you s	submit verification of your le	gal right to work in the U	nited States?			
			EDUCATION			
		Name of School	EDUCATION	Years	Did You	Course of
		name er eeneer		Completed	Graduate?	Study
College						
High School						
Elementary						
Other						
				I		
-	rved in the US Military?	Yes	No Branch		How long	_
Special duties or training received						
Activities: (Hobbie	es, Civic, Athletic, Volunteer	work, Etc.)				
List any skills that	t you feel would help you in	your job.				
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## **WORK EXPERIENCE**

Please list your last four jobs, starting with your present or most recent. Please do not leave out any of your last four jobs.

Employer					Dates Employed	
					From To	
Address					Starting pay rate	
					Final pay rate	
City	St.	Zip	Phone		Reason for leaving	
Type of work / duties					Name of Supervisor	
Employer					Dates Employed	
					From To	
Address					Starting pay rate	
					Final pay rate	
City	St.	Zip	Phone		Reason for leaving	
Type of work / duties					Name of Supervisor	
				I		
Employer					Dates Employed	
					From To	
Address					Starting pay rate	
					Final pay rate	
City	St.	Zip	Phone		Reason for leaving	
Type of work / duties					Name of Supervisor	
				I		
Employer					Dates Employed	
					From To	
Address					Starting pay rate	
					Final pay rate	
City	St.	Zip	Phone		Reason for leaving	
Type of work / duties					Name of Supervisor	
<u> </u>				I		
Are you working now?	Yes No	May we conta	act your employer?	Yes No	)	
Reason						
Which of the above jobs did	you like best?	Why?				
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Have you ever held a second job at the same time as you had a full-time job?	Yes	No Explain
Have you ever had a job while going to school full-time?	Yes No Explain	
Can you read and write at a sixth grade level?  Yes	No	
What are you looking for in a job? (Be specific)		
What qualities, special skills or training do you possess that would be the mos	t valuable to you in a job with our comp	pany?
Why would you stay at this job for three or four years?		
Why are you the best person for this job?		
What are your long-term career goals?		
List any other information you would like us to consider or use this space to se	ll yourself.	
	RENCES	And An
List the name and telephone number of three	1	
Name	Telephone	Relationship
		Page 3

Driver's License Number			State	Expiration date	
Has your license ever been revoked or suspended?	Yes	No	If yes, why?		
Have you ever been arrested or convicted of a crime, or plapplicant from employment.  Yes No Charge  If yes, please list approximate date, nature of offense, local			Sentence	to this question will not necessarily disqualify an	
Is there a criminal action currently pending against you? A  Yes No If yes, please list approximate da	_				
Have you ever been terminated from a job or resigned from	n a job as a	n alternative	to termination?	Yes No Explain	
Have you ever been disciplined or warned by an employer Explain	for excessi	ve absentee	ism, lateness, or poor job	performance? Yes No	
Do you have any relatives working for our company?	Yes	No	Name		
Have you ever worked at a hotel?	Yes	No	Name and Location		
Spouse's name		Oc	cupation		
Parents' name		Oc	cupation		
	Ар	plicant (	Certification		
I certify that I have provided truthful and complete the employed by this Employer, I understand that any m					
I authorize this Employer to contact any or all of my provide all information requested of them, personal any damage or injury that may result from furnishin in my application and received during the application to criminal checks and driver's license checks.	or otherwi. ng such info	se. I releas ormation to	e any entity which provid this Employer. I authori	des information to this Employer from liability for ize this Employer to verify all information set forth	
I understand that any employment is on an at-will be be terminated at any time, with or without cause, an					
I understand that an offer of employment may be conditioned on the results of a medical examination. This hotel is open 7 days a week, 24 hours a day, 365 days a year and I understand that I may be asked to work at any time.					
This note: is open / days a week, 24 nours a day, 30	is auys u ye	an unu 1 UN	aersiana mai 1 may 0e a	snew to work at any ame.	
Applicant Signature	Date		-	Page 4	