

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