



Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE
 AN EQUAL OPPORTUNITY EMPLOYER*

Date of Application: _____

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.
			— — —
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		
()			

EMPLOYMENT DESIRED

WHAT POSITION ARE YOU APPLYING FOR? (RESPOND BELOW)	WHAT DATE ARE YOU AVAILABLE TO START WORK? (RESPOND BELOW)	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER APPLIED TO THIS HOTEL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?		
ARE YOU APPLYING FOR A FULL-TIME OR PART-TIME POSITION? <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	DO YOU HAVE ANY RESTRICTIONS ON HOURS, WEEKEND WORK? IF YES, EXPLAIN:	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO CONVICTIONS WILL NOT AUTOMATICALLY DISQUALIFY JOB CANDIDATES. THE SERIOUSNESS OF THE CRIME AND DATE OF CONVICATION WILL BE CONSIDERED		

EDUCATION

	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DEGREE EARNED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

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PREVIOUS EMPLOYERS

(LIST YOUR LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST)

DATE MONTH & YEAR	NAME, ADDRESS & TELEPHONE NUMBER OF PREVIOUS EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				

REFERENCES

(PLEASE PROVIDE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS AND TELEPHONE NUMBER	NUMBER OF YEARS AQUAINTED

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

DATE: _____

SIGNATURE: _____