

APPLICATION FOR EMPLOYMENT



Personal Information:

NAME <i>(Last, First, Middle Initial)</i>		PHONE NUMBER ()
CURRENT ADDRESS		
<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
EMAIL ADDRESS		
POSITION DESIRED	HOW WERE YOU REFERRED?	DATE ABLE TO START
ARE YOU OVER 18 YRS OF AGE? <input type="checkbox"/> NO <input type="checkbox"/> YES	HAVE YOU PREVIOUSLY WORKED OR APPLIED FOR A JOB HERE? <input type="checkbox"/> NO <input type="checkbox"/> YES: DATE	
ARE YOU ABLE TO WORK ALL SHIFTS? <i>Please list any days/times you are <u>unable</u> to work:</i> <input type="checkbox"/> NO <input type="checkbox"/> YES		DESIRED SALARY \$

Education:

NAME OF SCHOOL	CITY & STATE	AREA OF STUDY	DEGREE	GRADUATED
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO
TRADE/TECHNICAL SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO
UNDERGRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO
GRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER				<input type="checkbox"/> YES <input type="checkbox"/> NO

Please describe any other job-related skills or training, including professional or technical licenses (list state and date received):

Employment History:

List present or most recent job first and include all employment. You may include volunteer work. If more space is needed, please attach a separate sheet of paper.
Are you known to schools/employers/references by any other names? NO YES If yes, what name?

COMPANY NAME & ADDRESS	JOB TITLE OR DUTIES	SUPERVISOR	DATES OF EMPLOYMENT FROM:
REASON FOR LEAVING		TO:	
COMPANY NAME & ADDRESS	JOB TITLE OR DUTIES	SUPERVISOR	DATES OF EMPLOYMENT FROM:
REASON FOR LEAVING		TO:	
COMPANY NAME & ADDRESS	JOB TITLE OR DUTIES	SUPERVISOR	DATES OF EMPLOYMENT FROM:
REASON FOR LEAVING		TO:	



Employment Type Desired (75 State Street and Inn at Village Square only):

Check all that apply:

- Full time Part time Per diem

Professional References:

Please provide contact information for three references you have worked with in previous employment or to whom you are not related.

NAME	PHONE NUMBER	COMPANY/TITLE	WORKING RELATIONSHIP
1.			
2.			
3.			

Conviction Information:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN:

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR WITHIN THE PAST 5 YEARS? *(do not include a first conviction for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)* YES NO

IF YES, PLEASE EXPLAIN:

Signature:

PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW:

I certify that the information given above is true and complete and I understand that misrepresentation and/or withholding information will result in the rejection of this application, or my discharge if discovered after employment begins. I authorize the company to make inquiries regarding my history and character of prior employers, schools, etc. and hereby release employers, schools, and individuals from all liability in responding to inquiries in connection with my application and release the Company from all liability with respect to such inquiries.

I understand that if employed, I will be an employee at will and may be terminated at any time, with or without cause and with or without notice, at the option of either the Company or myself. If I am employed, I agree by the Company's policies, rules, procedures, and any charges thereto.

I certify that I am authorized to work in the United States and have valid documentation that I am authorized (e.g., Social Security card, valid Driver's License, valid Passport, etc.).

APPLICANT'S SIGNATURE: _____ DATE: _____

Affirmative Action Equal Opportunity Employer, dedicated to diversity.