

**AN EQUAL OPPORTUNITY EMPLOYER:** We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability or handicap or veteran status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors. Furthermore, we maintain a work environment free of any form of employee and/or non-employee harassment, including sexual harassment. Any action that constitutes any form of harassment is not tolerated.

*Print or Type*

Name	Position Desired
Social Security Number	Salary Desired
Street Address	Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
City State Zip	List any days/hours you are not available for work
Home Phone Other Phone	Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you at least 21 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>
If you have ever worked for us before, state where, when, final position and reason for leaving.	

**PERMISSION TO WORK**

Are you legally eligible for employment in the United States? Yes  No

**IF OFFERED EMPLOYMENT, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION TO VERIFY YOUR EMPLOYMENT ELIGIBILITY.**

**FELONY CONVICTION RECORD**

Have you been convicted of a felony within the last 7 years? Yes  No

If yes, state details and date: \_\_\_\_\_

**WORK EXPERIENCE**

*List your previous experience beginning with your most recent position.*

<b>1</b> Employer	<b>2</b> Employer
Address	Address
Starting position Salary	Starting position Salary
Last position Salary	Last position Salary
Dates Employed From To	Dates Employed From To
Immediate Supervisor/Phone	Immediate Supervisor/Phone
Duties	Duties
Reason for leaving	Reason for leaving
Did you give notice and how much notice was given?	Did you give notice and how much notice was given?
<b>3</b> Employer	<b>4</b> Employer
Address	Address
Starting position Salary	Starting position Salary
Last position Salary	Last position Salary
Dates Employed From To	Dates Employed From To
Immediate Supervisor/Phone	Immediate Supervisor/Phone
Reason for leaving	Reason for leaving
Did you give notice and how much notice was given?	Did you give notice and how much notice was given?

## REFERENCES

Professional References	Personal References
<b>1</b> Company	<b>1</b> Name
Contact Name	Address
Address	Phone Number
Phone Number	
<b>2</b> Company	<b>2</b> Name
Contact Name	Address
Address	Phone Number
Phone Number	

## EDUCATION AND TRAINING

School	Location	Years Attended	Graduated	Major
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Additional Training			Yes <input type="checkbox"/> No <input type="checkbox"/>	

If job related, which languages other than English do you speak fluently?

If job related, Typing Speed \_\_\_\_\_ WPM      If job related, type of computer/software experience \_\_\_\_\_  
 Other business machines operated \_\_\_\_\_

## REFERRAL SOURCE: *Check one*

Walk-In Applicant <input type="checkbox"/>	Job Fair <input type="checkbox"/>	Newspaper Ad <input type="checkbox"/>
School or College <input type="checkbox"/>		Name: _____
Name: _____		Employee Referral <input type="checkbox"/>
		Name: _____
Other <input type="checkbox"/> Please explain: _____		

## JOB DESCRIPTION

Have you been given a job description or had the requirements of the job explained to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you understand these requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you perform the requirements of this job with or without reasonable accommodation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### **PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may justify my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a Consumer Reporting Agency. This report may include information as to my character reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be used in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-post-employment drug screen.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature, consent to these statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This application will remain active for a limited time. Ask the organization representative for details.

**DRUG TESTING POLICY  
STATEMENT FOR JOB APPLICANTS**

It is the policy of this Hotel to maintain a safe, healthy and productive work environment for all its employees; to produce quality goods and services for its customers, in an efficient manner; to maintain the integrity and security of its facilities and property; and to perform all these functions in a fashion consistent with applicable state and federal regulations and the interests and concerns of the community and guests.

Successful completion of the screening for illegal drugs is necessary to be considered for employment opportunities with the Hotel.

Pursuant to these goals, the Hotel requires candidates for employment to pass a screening for illegal drugs.

This requires the candidate to submit urine specimens and to sign the consent and release statement provided by the Hotel. Refusal will result in the candidate's disqualification for further employment consideration.

**JOB APPLICANT  
DRUG TESTING AUTHORIZATION FORM**

I understand that according to the Hotel's Drug Testing Policy I am required to submit samples of my urine for chemical analysis. I have read the above Drug Testing Policy and understand the Drug Testing Policy. I understand that a qualified testing laboratory will conduct this analysis.

I understand that the purpose of this analysis is to determine the absence or presence of illegal drugs.

I understand that the successful completion of a screening for illegal drugs is necessary to be considered for employment opportunities with the Hotel.

I understand that applicants not agreeing to pre-employment drug screening will be considered as having voluntarily withdrawn their applications, and will not receive further consideration for employment.

I understand that if I fail to report for my drug screening within the appointed 24 hours and at the location designated, I am disqualified from further consideration.

I consent freely and voluntarily to the Hotel's request for urine specimens. I agree to comply with the Drug Testing Policy and to cooperate with the Hotel in implementing the Drug Testing Policy. I authorize that the test results be reported to the Hotel, its employees and agents. I release the Hotel, its employees and agents from all claims that may result from the adherence to the Drug Testing Policy.

By my signature below, I freely agree to comply with the Drug Testing Policy.

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date