



EMPLOYMENT APPLICATION

NAME (Last) _____ (First) _____ (Middle) _____ Social Security Number _____ / _____ / _____

CURRENT MAILING ADDRESS _____ (City) _____ (State) _____ (Zip) _____

Permanent Mailing Address (leave blank if same as above) _____

Home Telephone Number _____ / _____ Cell Phone Number _____ / _____ Message Number if Different _____ / _____

Are you 16 years of age or older? YES NO Are you 18 years of age or older? YES NO

*If hired, proof of your identity and employment eligibility in the United States must be established by appropriate documentation at the time you begin work with The Company.

Have you previously been employed by Fort Rapids dba Holiday Inn East? If so, give dates and name employed under. YES NO

Position Desired _____ **Second Choice** _____

What type of employment do you prefer? Full-time Part-time Seasonal On Call

Which Shift do you prefer? First Second Third Open

Are you consistently available for irregular hours, holidays, and weekends? Yes No If no, why? _____

Minimum acceptable salary \$ _____ per Hour Year Date Available to Start _____

Have you been convicted of a violation of law other than a minor traffic violation within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment) Yes No If yes, please explain _____

How did you learn about us? Classified Ad Friend Walk-in Relative Other _____

Please circle last year of formal education completed: 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6 7 8 Other 1 2 3 4

	NAME AND LOCATION OF SCHOOL	DIPLOMA /DEGREE	PROGRAM OR MAJOR COURSE WORK	Years Completed
LAST HIGH SCHOOL				
COLLEGE, UNIVERSITY, BUSINESS, TECHNICAL OR MILITARY SCHOOL				
GRADUATE SCHOOL				

Special skills, licenses and/or certificates including office, trade, or other abilities possessed _____

Please list your work experience including U.S. Military experience, include all employment whether full or part-time, summer or temporary during the past ten years.

Most Recent Employer (or Present)	
Company Name _____	Supervisor's Name _____ Phone _____ / _____
Address _____	
Dates Employed From _____ / _____ / _____ To _____ / _____ / _____	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position _____	Job Duties _____
Reason for Leaving _____	

Previous Employer	Previous Employer	Previous Employer
Company Name _____ Address _____ Phone _____ / _____ Supervisor's Name _____	Company Name _____ Address _____ Phone _____ / _____ Supervisor's Name _____	Company Name _____ Address _____ Phone _____ / _____ Supervisor's Name _____
Dates Employed From ____/____/____ To ____/____/____	Dates Employed From ____/____/____ To ____/____/____	Dates Employed From ____/____/____ To ____/____/____
Position _____ Job Duties _____ _____	Position _____ Job Duties _____ _____	Position _____ Job Duties _____ _____
Reason for Leaving _____	Reason for Leaving _____	Reason for Leaving _____

Give name, address and telephone number of four references that are not related to you.

NAME	ADDRESS	TELEPHONE

Agreement

Please read carefully before initialing and signing: This Company is an equal opportunity employer, and selects individuals best matched for the job based upon job-related qualifications regardless of race, religion, color, creed, sex, national origin, age, disability, or any other status or characteristic protected by law.

_____ I understand that completion of this application does not indicate that there are any positions open and does not in any way obligate this company to hire me or offer me a job. I also understand that it is the policy of The Company to promote a drug free environment for our associates and guests. I UNDERSTAND A DRUG SCREEN IS REQUIRED FOR EMPLOYMENT. EMPLOYMENT IS CONDITIONAL UNTIL THE RESULTS OF THE DRUG SCREEN ARE EVALUATED BY THE COMPANY.

In the processing of my employment application, an investigation may be conducted whereby information and references will be requested from former employers. Permission is hereby granted to any school, person, firm, or corporation, whether my former employer or otherwise, to give this Company any relevant information that may be required by the Company to arrive at an employment decision and I hereby release this Company, it's officers, associates, representatives, or agents, from any and all liability and/or damage incurred by myself in accessing or using such information.

_____ I understand that as a matter of Company policy, my employment and compensation shall only continue so long as mutually agreeable, and may be terminated by the Company or me without cause or advance notice. No manual, policy or statement by any Company representative (other than a formal agreement signed by The Company President and me) is to be considered a contract of employment, whether express, implied, for any specific period of time or upon any continuing term.

The Company reserves the right to use any method of investigation, which in its sole discretion it deems reasonable and necessary to determine whether associate has engaged in conduct warranting disciplinary action. As a condition of employment, if hired, I voluntarily agree to cooperate in consenting and submitting to any urine or blood tests requested by the Company, to enforce its drug and alcohol policy, as well as any searches of my personal property while employed by this Company, and I recognize that refusal to cooperate in such tests or searches would be grounds for disciplinary action up to and including termination.

_____ I understand that if hired, my employment may be terminated by this Company due to any misrepresentation, misinformation or inaccuracy of the statements contained on the Employment Application. I authorize the Company to investigate all statements contained in this application for accuracy and completeness, and to obtain any records, or documents pertaining to my background and business experience, as required by the Company. If hired, I agree to conform to the rules and regulations of this Company as issued from time to time. I also attest that I am authorized to work in the United States.

_____ I understand this application will remain active for six (6) months and if not hired by then, I must renew my application to be considered for future employment.

_____ Signature of Applicant _____ Date