

Property \_\_\_\_\_

# Application for Employment

NAME - LAST	FIRST	MIDDLE	DATE
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ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE	TELEPHONE NO.	EMAIL ADDRESS
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What prompted you to apply to us?  Advertisement  Sign  Employee referral  Other \_\_\_\_\_

Position desired \_\_\_\_\_ Wage or salary expected \_\_\_\_\_ Date available to start work \_\_\_\_\_

Schedule preferred:  Full time  Part time  Days  Evenings  
 If part time, indicate hours/days available \_\_\_\_\_

If you are not a citizen of the United States of America, do you have documentation that allows you to work in this country?  Yes  No

Have you previously worked for us?  Yes  No If so, when? \_\_\_\_\_ Position title \_\_\_\_\_

Are any of your relatives employed at this property?  Yes  No If yes, names \_\_\_\_\_

Do you expect to have other employment if hired?  Yes  No If yes, explain \_\_\_\_\_

*If you are applying for a position which requires serving liquor, please respond to the following.*

Are you over the age of 18?  Yes  No If hired, can you furnish proof of age?  Yes  No

## EDUCATIONAL DATA

Name and Location of School	List Diploma or Degree	Circle Last Year Completed	Major or Principal Courses Studied
High School		1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
College or University		1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
Graduate School, Trade, Business, Correspondence, Night School		1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	

Scholastic honors, extracurricular activities: \_\_\_\_\_

What machines or office equipment can you operate? \_\_\_\_\_

List any experience, skills or interests that would be helpful on the job \_\_\_\_\_

## FOR PERSONNEL DEPARTMENT USE

Disposition:  Hired  Not hired  Hold for future Date employed \_\_\_\_\_ Starting rate \_\_\_\_\_ Per \_\_\_\_\_

Position title \_\_\_\_\_ Department \_\_\_\_\_

Department Head signature \_\_\_\_\_ Personnel Director signature \_\_\_\_\_

**EMPLOYMENT DATA**

Please list all employment starting with present or most recent employment. Under comments, give reasons for any gaps in employment. Use additional sheets if necessary.

COMPANY NAME ADDRESS		TELEPHONE NUMBER
IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	
YOUR JOB TITLE AND DUTIES	DATE LEFT	
<input type="checkbox"/> <input type="checkbox"/>		

REASON FOR LEAVING	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMPANY NAME ADDRESS		TELEPHONE NUMBER
IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	
YOUR JOB TITLE AND DUTIES	DATE LEFT	
<input type="checkbox"/> <input type="checkbox"/>		

REASON FOR LEAVING	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMPANY NAME ADDRESS		TELEPHONE NUMBER
IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	
YOUR JOB TITLE AND DUTIES	DATE LEFT	
<input type="checkbox"/> <input type="checkbox"/>		

REASON FOR LEAVING	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Comments: \_\_\_\_\_

Please list any other name under which you have been employed, and the relevant employer: \_\_\_\_\_

**REFERENCES**

LIST THREE PERSONS WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES (OTHER THAN RELATIVES)

Name	Address	Telephone	Occupation
1.			
2.			
3.			

I certify that the information on this Application for Employment is correct and complete. I understand that my employer may obtain information from any law enforcement agency, any credit reporting agency or any other company, individual or agency concerning my personal background or history. I hereby release said companies or persons from all liability for any damage related to the issuance of this information. I understand that if any information I have provided to my employer during the employment process, or at any time during my employment, conflicts with any information obtained by my employer, I will be subject to termination when so discovered. I further understand that my employment can be terminated at any time at the option of either my employer or myself.

I agree to abide by all rules of the Company. Company policy prohibits the abuse of alcohol and drugs, as well as the use of, or trafficking in illegal drugs. I understand that at any time during my employment, I may be subject to drug and alcohol testing; any positive test results will be cause for immediate disciplinary action up to and including termination of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_