

APPLICATION FOR EMPLOYMENT

Date: _____

The following information is requested in order to help us make possible placement within the Company. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. The Company, in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental disability or arrest record.

Position for which you would like to be considered _____

Name: _____

Present Address: _____

City: _____ State: _____ Zip: _____ Telephone Number: _____

Social Security Number: _____

Are you employed now? Yes No If yes, may we contact your present employer? Yes No

On what date would you be able for work? _____ Full-time Part-time Temporary

Are you 18 years of age or older? Yes No (If not, employment is subject to verification of minimum legal age.)

Have you ever been convicted of a crime in the last ten years? Yes No If yes, describe.

(Criminal convictions are not an absolute ban to employment, but will only be used in relation to specific job requirements.)

Have you ever been employed at this company before? Yes No

Are you legally eligible for employment in this country? Yes No (Proof of U.S. citizenship or immigration status will be required upon employment.)

How were you referred to the Company/Motel? _____ friend _____ relative _____ Job Service _____ newspaper
 _____ other

EDUCATION	NAME/LOCATION OF SCHOOL	DEGREE	SUBJECT AREA
High School			
College			
Trade, business or correspondence school			

WORK HISTORY

(Past work experience – beginning with current employer)

1.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
	ADDRESS			
	JOB TITLE	HOURLY RATE/SALARY		
		FROM	TO	
	SUPERVISOR	TELEPHONE NO.		
	REASON FOR LEAVING			May we contact them? ___Yes ___No
2.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
	ADDRESS			
	JOB TITLE	HOURLY RATE/SALARY		
		FROM	TO	
	SUPERVISOR	TELEPHONE NO.		
	REASON FOR LEAVING			May we contact them? ___Yes ___No
3.	EMPLOYER	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
	ADDRESS			
	JOB TITLE	HOURLY RATE/SALARY		
		FROM	TO	
	SUPERVISOR	TELEPHONE NO.		
	REASON FOR LEAVING			May we contact them? ___Yes ___No

REFERENCES: (Give the name of the three persons not related to you, whom you have known at least one year.)

NAME	ADDRESS	BUSINESS	TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) would result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that nothing contained in the application or discussed during an interview, if granted, creates or is intended to create an employment contract between the Company and me.

In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either the Company or me.

I authorize and release from liability all employers, persons, schools, law enforcement agencies, and other organizations named in this application to provide information requested.

I understand that no manager, or representative of the Company, other than the chief operating officer of the Company, has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the information stated in this application.

I agree to conform to the rules and regulations of the Company, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of either the Company or me.

SIGNATURE OF APPLICANT

DATE