



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE :

Date: _____

Position(s) you are interested in: _____

Will You Need Housing? Yes No

First Name: _____ Last Name: _____ Social Security Number: _____

Present Address: _____ City: _____ State: _____ Zip Code: _____

Permanent Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Referred? _____

Date You Can Start: _____ Date of Departure: _____

Salary Desired: _____ May we contact your present or more recent employer? Yes No

Have you ever applied with us before? Yes No If so, when? _____

Name of High School: _____ Did you Graduate? _____

Name of College: _____ Did you Graduate? _____

Do you have military experience? _____ Other education: _____

Please list your relevant studies and coursework and/or experience to the position you are applying for (i.e. you are a hospitality management major, or you have worked in a restaurant):



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PRE-EMPLOYMENT QUESTIONNAIRE :

Name: _____

Former Employer: _____ Do you still work here? Yes No

Start Date: _____ Departure Date: _____ Reason for Leaving: _____

Pay Rate: _____ General Duties: _____

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Start Date: _____ Departure Date: _____ Reason for Leaving: _____

Pay Rate: _____ General Duties: _____

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Start Date: _____ Departure Date: _____ Reason for Leaving: _____

Pay Rate: _____ General Duties: _____

Reference 1: _____ Phone: _____ Email: _____

Reference 2: _____ Phone: _____ Email: _____

Reference 3: _____ Phone: _____ Email: _____

Authorization: I certify that the facts contained in this application are true and complete to my best knowledge and understand that, if employed, falsified statements on this applications shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you and all information concerning my previous employment and any pertinent information that may have, personal and otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for and specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.*

Date: _____ Signature: _____