



WE ARE A DRUG FREE  
COMPANY  
SOCIAL SECURITY NUMBER  
VERIFICATION REQUIRED

# APPLICATION FOR EMPLOYMENT

DATE:

## PERSONAL DATA

LAST NAME			FIRST NAME			MIDDLE INITIAL		
Home Address			Permanent Address					
STREET			STREET					
CITY			STATE			ZIP		
CITY			STATE			ZIP		
TELEPHONE ( )			TELEPHONE ( )			—		
Person to Contact in an Emergency			FULL NAME			TELEPHONE ( )		
						—		

## EMPLOYMENT INFORMATION

Position Applied For (Specify One Only)	Salary Desired \$ per year or \$ per hour
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SOCIAL SECURITY NUMBER	Are you 18 years of age or over? <input type="checkbox"/> Yes <input type="checkbox"/> No
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This Company participates in E-Verify. This Company will provide the Social Security Administration (SSA) and the Department of Homeland Security (DHS) with information from each new employee's Form I-9 to confirm work authorization. If the Government cannot confirm that you are authorized to work in the United States, this Company will provide you with written instructions and an opportunity to contact DHS and/or SSA before taking adverse action against you, including termination of your employment. In order to determine whether Form I-9 documentation is valid, this Company uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services (USCIS) photograph.

I understand that my continued employment with this Company is contingent upon satisfactory proof of my authorization to work in the United States.	Please Initial	<input type="text"/>
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Have you ever been employed by this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you previously applied for a position with this company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered yes to either of the previous two questions, please specify location(s) and date(s):	
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How were you referred to us?	
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When could you be available to begin work?	
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Type of employment desired:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Cooperative Education
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## EDUCATION AND TRAINING

Type of School	Name & Address of School	Dates Attended (Optional) From mo/yr To mo/yr		Graduated Yes or No	Type of Degree Diploma or Certificate	Major/Minor Field of Study
High School						
College or University						
Other Education Or Training						

Academic Achievements and Activities: Please list academic honors, scholarships or fellowships; memberships in academic honor societies; or participation in, or office held in extracurricular activities you consider significant.

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FOREIGN LANGUAGES	1. _____	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE	<input type="checkbox"/> SPEAK
(List fluent only)	2. _____	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE	<input type="checkbox"/> SPEAK

## EMPLOYMENT EXPERIENCE

Please list your job history for the past ten years (or last five employers). Start with your present status and note any periods in which you were not employed. Include U.S. military service, previous hotel experience, summer/part-time jobs, and cooperative education assignments.

Company Name & Address	Dates Employed Month/Year	Base Rate of Pay	Description of Duties	Reason for Leaving
	From	Starting \$ Per		
	To	Final \$ Per		
Telephone ( ) -				Supervisor
	From	Starting \$ Per		
	To	Final \$ Per		
Telephone ( ) -				Supervisor
	From	Starting \$ Per		
	To	Final \$ Per		
Telephone ( ) -				Supervisor
	From	Starting \$ Per		
	To	Final \$ Per		
Telephone ( ) -				Supervisor
	From	Starting \$ Per		
	To	Final \$ Per		
Telephone ( ) -				Supervisor

Do you have any objections to our contacting your present employer to verify the above?

☐ No, you may contact anytime.

☐ Do not contact now; you may contact at a later date. (Please specify, e.g., after acceptance of offer or a specific date, if appropriate.)

List current professional licenses, registrations and professional organization affiliates:

## BUSINESS OR PROFESSIONAL REFERENCES

NAME	YEARS KNOWN	OCCUPATION	COMPLETE ADDRESS	TELEPHONE

## OPTIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, etc.


## SECURITY DATA

### INSTRUCTIONS FOR ANSWERING THE NEXT TWO QUESTIONS

1. **All applicants:** Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.
2. **California applicants:** Do not include misdemeanor marijuana-related convictions that are more than two (2) years old or misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed.
3. **Washington applicants:** Limit any response to the past ten (10) years.
4. **Oregon applicants:** Regarding arrests, limit your response to pending charges that are less than one (1) year old.

Have you ever plead guilty or no contest to, or been convicted of any criminal offense other than the applicable exceptions listed above?

Yes ☐ No ☐

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial?

Yes ☐ No ☐

**CRIMINAL OFFENSES ONLY:** If you answered Yes, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

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**Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The Company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.**

Have you ever initiated an act of violence in the workplace? Yes ☐ No ☐

If Yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

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**We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.**

I understand the following:

- If employed, any misrepresentation or omission of facts called for on this application form may be cause for immediate termination.
- I agree that if employed, my employment is for no definite period and is at the will of the employer.
- If hired by this Company, I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. This Company only employs individuals who are legally eligible to work in the United States.
- This Company reserves the right to test for drugs as pre-employment screening or at any time during employment.
- If driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent upon possessing a valid driver's license for the state in which I reside.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

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

Mail To:

FOR COMPANY USE ONLY

INTERVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_