

Fairgrounds Inn

Date: _____

PERSONAL INFORMATION

Name:	Telephone/cell
Address:	
City/state/zip	Referred by

EMPLOYMENT DESIRED

Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date you can start
Choose the Position(s) would like to apply for: Front Desk <input type="checkbox"/> Laundry <input type="checkbox"/> Housekeeping <input type="checkbox"/> Breakfast <input type="checkbox"/> Maintenance <input type="checkbox"/>	
Are You Applying For: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp	What Shift(s) Will You Work? <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights
Currently Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever applied to this Company: <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY: Begin with Most Recent Employment

Date: From _____ To _____	Company Name	City, State
Title and Duties		
Reason for leaving	Supervisor's Name	Telephone Number
Date: From _____ To _____	Company Name	City, State
Titles and Duties		
Reason for leaving	Supervisor's Name	Telephone Number
Date: From _____ To _____	Company Name	City, State
Title and Duties		
Reason for leaving	Supervisor's Name	Telephone Number

EDUCATION/TRAINING – Include Technical/Academic Achievements/Courses

Have you obtained a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Name & Location	Years attended	Did you graduate?	Subject Studied
High School				
Colleges/University				

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OTHER SPECIAL SKILLS – List Other Specific Skills You Have to Offer for This Job Opening:

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REFERENCES – Give the Names of Three Persons Not Related to you

Name	Telephone	Occupation

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation/background check of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or 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 any 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.

Signature _____

Date _____