

Hotel Utica
Employment Application



Hotel Utica

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL		
PLEASE PRINT USING BALLPOINT PEN		
FULL NAME	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	HOW LONG	HOME TELEPHONE #
PREVIOUS ADDRESS	HOW LONG	MESSAGE TELEPHONE #
IF NO PHONE, HOW MAY WE CONTACT YOU?		
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF RELATIVE:		
HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.		
HAVE YOU EVER APPLIED FOR THE COMPANY OR ITS DIVISIONS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.		
HOW WERE YOU REFERRED:		

GENERAL INFORMATION	
IF YOU ARE UNDER AGE 18, PLEASE STATE YOUR AGE:	IF UNDER AGE 18, CAN YOU SUPPLY WORKING PAPERS? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ABLE TO PERFORM THE ESSENTIAL REQUIREMENTS OF THE JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, ARE THERE REASONABLE ACCOMMODATIONS THAT CAN BE MADE TO ALLOW YOU TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB?	
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT) IF YES, PLEASE EXPLAIN:	
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:	

PLEASE CHECK SCHEDULE AVAILABILITY:							
<input type="checkbox"/> I am available and desire to work FULL-TIME (35 hours) and do not have restrictions on my hours and days. (Complete Section B.)							
<input type="checkbox"/> I am available and desire to work PART-TIME (If less than 34 hours a week, please complete Sections A & B).							
A. I am only available for PART-TIME because:							
<input type="checkbox"/> Student <input type="checkbox"/> Other Job <input type="checkbox"/> Other (explain) _____							
B. HOURS AVAILABLE	MON	TUE	WED	THUR	FRI	SAT	SUN
FROM	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TO	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.							
WAGE EXPECTED					DATE AVAILABLE FOR WORK?		

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	FROM	TO	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.	\$	DESCRIBE YOUR JOB DUTIES		
NAME OF COMPANY							
ADDRESS		TO		ENDING SALARY			
		MO.	YR.	\$			
CITY, STATE, ZIP						NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2	EMPLOYER	FROM	TO	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.	\$	DESCRIBE YOUR JOB DUTIES		
NAME OF COMPANY							
ADDRESS		TO		ENDING SALARY			
		MO.	YR.	\$			
CITY, STATE, ZIP						NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3	EMPLOYER	FROM	TO	STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.	\$	DESCRIBE YOUR JOB DUTIES		
NAME OF COMPANY							
ADDRESS		TO		ENDING SALARY			
		MO.	YR.	\$			
CITY, STATE, ZIP						NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS					
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS. TRADE OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment.
Please indicate any prior military service which you would like considered in connection with your application for employment.

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company?

PERSONAL OR BUSINESS REFERENCES

1	NAME	OCCUPATION BUSINESS PHONE ()
	HOME ADDRESS HOME PHONE ()	TITLE RELATIONSHIP Consistent attendance and punctuality are essential requirements of every job with this company.
	CITY AND STATE (ZIP)	HOW LONG KNOWN
2	NAME	OCCUPATION BUSINESS PHONE ()
	HOME ADDRESS HOME PHONE ()	TITLE RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Upon employment you must provide genuine documentation establishing your identity and eligibility to be legally employed in the United States.

Questions regarding the following statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. Please initial after each statement.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, sexual preference, national origin, marital status, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law. ____ (initial)

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. ____ (initial)

If hired, I agree to abide by all of the company rules and regulation, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President or Executive Vice President, or to make any agreement contrary to the foregoing. ____ (initial)

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me. ____ (initial)

If selected for employment, I understand that a \$35.00 background fee will be deducted from my first check and that this fee will be returned to me once I have completed 90 days of employment.

APPLICANT SIGNATURE _____ DATE _____

INTERVIEWED BY _____ DATE: _____