

HULSING HOTELS ~ EMPLOYMENT APPLICATION ~ Equal Opportunity E-Verify Employer

Please Print or Type Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <i>Last</i> <i>First</i> <i>MI</i> </div> Street: _____ _____ _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> City State Zip </div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Home Phone Message </div>	Position Desired: _____ Soc. Security #: _____ Full Time _____ Part Time _____ Rate of pay desired _____ Are you old enough to serve alcoholic beverages in this state? _____ <div style="display: flex; justify-content: space-around; width: 80%; margin-left: 20px;"> Yes No </div> (If hired you may be required to submit proof of the above)
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Date available for work _____ Are there any dates you are not able to work? _____

List days and hours preferred: _____ Are you willing to work overtime: Yes ___ No ___

HULSING HOTELS IS AN E-VERIFY COMPANY. IF HIRED, YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION PROVING THAT YOU HAVE THE LEGAL RIGHT TO REMAIN AND WORK IN THE UNITED STATES.

Have you ever been convicted of a crime? Yes _____ No _____ If yes, please describe:

NOTE: Answering yes to this question does NOT automatically bar you from employment.

Foregin Language(s) spoken: _____

Read: Yes _____ No _____ Spoken: Yes _____ No _____

PREVIOUS EMPLOYMENT HISTORY

List your postions for the past ten years. List most recent employer first. Use additional sheets if necessary

Employer: _____ Address: _____ _____ Dates employed: From _____ To: _____ Positions held _____ Supervisor: _____ Phone: _____ Reason for leaving: _____ Rate of Pay: _____	Employer: _____ Address: _____ _____ Dates employed: From _____ To: _____ Positions held _____ Supervisor: _____ Phone: _____ Reason for leaving: _____ Rate of Pay: _____
Employer: _____ Address: _____ _____ Dates employed: From _____ To: _____ Positions held _____ Supervisor: _____ Phone: _____ Reason for leaving: _____ Rate of Pay: _____	Employer: _____ Address: _____ _____ Dates employed: From _____ To: _____ Positions held _____ Supervisor: _____ Phone: _____ Reason for leaving: _____ Rate of Pay: _____

Have you ever worked for a Hulsing Hotel Company? Yes _____ No _____ If yes, where? _____

Reasons for leaving _____ List any relatives employed at this location _____

EDUCATION	NAME AND LOCATION OF SCHOOL	GRADUATED: YES/NO	DEGREE/COURSES STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE BUSINESS OR CORRESPONDENCE SCHOOL			

REFERENCE: Give below the names of three persons not related to you, whom you have known at least one year.

<u>NAME</u>	<u>ADDRESS</u>	<u>BUSINESS</u>	<u>PHONE</u>

Person to contact in case of emergency _____ Phone _____

WE CONSIDER QUALIFIED APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

The employee relationship can be terminated with or without cause, and with or without notice, at any time at the option of the company or the employee. Information in the employee handbook or promises made verbally by management does not constitute a contract. No promises contrary to this general understanding will be valid unless made in writing by the President of the Company.

The facts set forth in my application for employment are true and accurate to the best of my knowledge. I understand that if employed, false statements on this application and / or during the interview process shall be considered cause for dismissal.

Previous employers and references will be checked and information obtained concerning an applicants work history will be used as part of the hiring process. Hulsing Hotel Company shall not ask previous employers or other sources about an applicants disability, illness, workers compensation history, or any other questions that the employer may not ask the applicant directly under the Americans with Disabilities act. Hulsing Hotel Company may contact previous employers or other sources about job functions and tasks performed by the applicant the quality and quantity of work performed, how job functions were performed, and other job related issues not related to disability. The individuals and companies providing reference information on myself and my work history do so with my approval and without risk.

I hereby acknowledge having read and understood the above statements.

Date: _____

Signature of Applicant: _____

Do not write below this line. Office use only

Interviewed by: _____ Date: _____

Remarks: _____

