

DOHERTY HOTEL

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME		
PRESENT ADDRESS			CITY		STATE	ZIP
PERMANENT ADDRESS			CITY		STATE	ZIP
TELEPHONE NO.		CELL PHONE NO.		ARE YOU 18 YEARS OR OLDER?		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START		WAGE DESIRED	
ARE YOU EMPLOYED NOW?		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?			
<input type="checkbox"/> YES <input type="checkbox"/> NO					
HAVE YOU APPLIED TO THE DOHERTY HOTEL BEFORE?				WHEN?	
<input type="checkbox"/> YES <input type="checkbox"/> NO					

EDUCATION

HIGH SCHOOL NAME		CITY		STATE	
NO. OF YEARS ATTENDED		DID YOU GRADUATE?			
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
COLLEGE OR UNIVERSITY NAME		CITY		STATE	
NO. OF YEARS ATTENDED		DID YOU GRADUATE?		DEGREE OR DIPLOMA EARNED	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
TRADE OR BUSINESS SCHOOL NAME		CITY		STATE	
NO. OF YEARS ATTENDED		DID YOU GRADUATE?		DEGREE OR DIPLOMA EARNED	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE LIST ANY RELEVANT SKILLS OR KNOWLEDGE YOU POSSESS					

OFFICE USE ONLY

INTERVIEWED BY			DATE		
HIRED		POSITION		DEPARTMENT	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
WAGE		START DATE		REMARKS	
SOCIAL SECURITY NUMBER		DATE OF BIRTH			

FORMER EMPLOYERS (LIST LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT FIRST)

NAME OF EMPLOYER		FROM (MO. AND YEAR)	TO (MO. AND YEAR)
ADDRESS	CITY	STATE	ZIP
NAME OF EMPLOYER		FROM (MO. AND YEAR)	TO (MO. AND YEAR)
ADDRESS	CITY	STATE	ZIP
NAME OF EMPLOYER		FROM (MO. AND YEAR)	TO (MO. AND YEAR)
ADDRESS	CITY	STATE	ZIP
NAME OF EMPLOYER		FROM (MO. AND YEAR)	TO (MO. AND YEAR)
ADDRESS	CITY	STATE	ZIP

REFERENCES (GIVE THE NAMES OF PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	TELEPHONE NO.	YRS. ACQUAINTED
ADDRESS	CITY	STATE ZIP
NAME	TELEPHONE NO.	YRS. ACQUAINTED
ADDRESS	CITY	STATE ZIP
NAME	TELEPHONE NO.	YRS. ACQUAINTED
ADDRESS	CITY	STATE ZIP

EMERGENCY CONTACT

NAME	TELEPHONE NO.
ADDRESS	CITY STATE ZIP

ACKNOWLEDGEMENT

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 OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATE AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

SIGNATURE	DATE
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