

CRESTHILL SUITES APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. To be considered for employment, this Application Form must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, pregnancy, veteran status, or any other legally protected class or status.

Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process should contact the General Manager.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Telephone Number ()			
	Street Address		Social Security Number			
	City		State	Zip Code		
	Position Applied For		Salary or Hourly Wage Desired			
	Are you Available to Work (check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights		Date Available To Start Work			
	Are you 18 years of age or older?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer to obtain employment information?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have you ever submitted an application and/or interviewed for employment with our organization? If yes, give month and year / /			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have you ever been employed with our organization before? If yes, give dates From / / to / /			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have been provided a copy of the job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (Check either: Yes, No, or N/A (I have not been provided a copy of the job description))				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School	# of Years Completed	Course of Study/Major	Diploma or Degree Obtained	GPA
	High School					
	College					
	Dates Attended	From	To			
	Other					
SKILLS	List any additional skills, training, or technical/professional knowledge that is relevant to the job for which you are applying:			List any certificates, licenses, or professional achievements that would support your qualifications for employment:		
	Drivers' License Identification Number: (Provide the drivers' license ID only if it is a requirement of the position for which you are applying)			State		

Conviction Record Status

All applicants and employees must, as a condition of employment, inform the organization of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within seven days of receiving a conviction if currently employed.

We reserve the right to reject individuals for employment based on job-related convictions.

Have you ever been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years? Yes No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the organization. Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, and the seriousness of the offense.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

Please Read Carefully and Sign Below

I hereby certify that all of the information I have provided on this Application Form is accurate and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or termination of employment, if hired.

I authorize verification of all of the information I have provided on this Application Form and to obtain any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

If employed, I agree to abide by all policies, procedures, rules, and regulations. 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 or salary, be terminated by myself or my employer at any time with or without cause or notice. I further understand that the policies, rules, and benefits contained in the employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

Date _____ Signature of Applicant _____