

EMPLOYMENT APPLICATION

LOCATION: Seagate Hotel & Spa

***IMPORTANT NOTE: You may be subject to screening for illegal drugs and alcohol
in connection with your employment.***

APPLICATION MUST BE COMPLETED, EVEN IF ATTACHING A PERSONAL RESUME

PERSONAL INFORMATION			
NAME Last	First	Middle	RESIDENCE TELEPHONE ()
ADDRESS Street	BUSINESS TELEPHONE ()		
City	State	Zip	NAME ANY RELATIVES OR FRIENDS EMPLOYED BY THIS COMPANY
REFERRED BY <input type="checkbox"/> News Ad <input type="checkbox"/> Employee <input type="checkbox"/> Another Company <input type="checkbox"/> Other <input type="checkbox"/> Self <input type="checkbox"/> Magazine <input type="checkbox"/> Employment Service	NAME OF SOURCE		
ARE YOU UNDER AGE 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMPLOYMENT DESIRED			
POSITION	DATE AVAILABLE	SALARY DESIRED	
ARE YOU PRESENTLY EMPLOYED?	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?		
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?	

PERSONAL VERIFICATION

- By completing this Application, you understand that you may be required to submit to one or more of the following upon being presented with an employment offer or upon being hired: 1) a background check (including criminal convictions); and/or 2) a credit check; and/or a 3) Department of Motor Vehicle check. Such checks depend upon the position for which you are being hired.
- If employment is accepted, I acknowledge and agree that I am an at-will employee. I may terminate my employment at any time, and my employment may be terminated at any time, with or without cause.
- The Company is an equal opportunity employer.

Please Note: Your signature is required on the last page of this application.

IMPORTANT NOTE: You may be subject to screening for illegal drugs and alcohol use at any time during your employment.

EDUCATION

CIRCLE LAST GRADE COMPLETED																		
Grade											College							
1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
NAME											Started		Left					
LOCATION											Years Completed		Grade Point Average		"A" Grade = ? Points			
MAJOR FIELD OF STUDY											DEGREE CONFERRED (Give full name)				Graduation Date			
NAME											Started		Left					
LOCATION											Years Completed		Grade Point Average		"A" Grade = ? Points			
MAJOR FIELD OF STUDY											DEGREE CONFERRED (Give full name)				Graduation Date			
NAME											Started		Left					
LOCATION											Years Completed		Grade Point Average		"A" Grade = ? Points			
MAJOR FIELD OF STUDY											DEGREE CONFERRED (Give full name)				Graduation Date			
Special Training/Certificates or Awards																		

What computer programs are you proficient in?

MISCELLANEOUS INFORMATION

Have you ever been convicted of a felony or serious misdemeanor? (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

YES NO If yes, explain _____

After employment, can you provide proof that you have the legal right to work in the United States? YES NO

Are you able to perform the essential functions of the job for which you are applying, per the Job Description presented to you with this Employment Application?

YES NO If not, please explain. _____

Please Note: Your signature is required on the last page of this application.

IMPORTANT NOTE: You may be subject to screening for illegal drugs and alcohol use prior to hiring and during your employment.

WORK EXPERIENCE

List last three employers with most recent first. Attach separate sheet, if necessary.)

NAME OF EMPLOYER	
ADDRESS	
NAME AND TITLE OF SUPERVISOR	PHONE
DATES From _____ To _____	SALARY \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Month <input type="checkbox"/> Hour
JOB TITLE	
DUTIES AND ACCOMPLISHMENTS	

NAME OF EMPLOYER	
ADDRESS	
NAME AND TITLE OF SUPERVISOR	PHONE
DATES From _____ To _____	SALARY \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Month <input type="checkbox"/> Hour
JOB TITLE	
DUTIES AND ACCOMPLISHMENTS	

NAME OF EMPLOYER	
ADDRESS	
NAME AND TITLE OF SUPERVISOR	PHONE
DATES From _____ To _____	SALARY \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Month <input type="checkbox"/> Hour
JOB TITLE	
DUTIES AND ACCOMPLISHMENTS	

Please list three business references whom we have your permission to contact.

NAME	1.	2.	3.
ADDRESS			
TELEPHONE			
POSITION/ RELATIONSHIP			

I hereby certify that the preceding information is true and correct to the best of my knowledge and belief. I further certify that I, the undersigned applicant, have personally completed this application. I understand that false statements on this application will: 1. Prevent an offer of employment if detected before I am hired, or 2. Cause immediate termination when later detected. I further understand my employment will be subject to verification of legal age requirements and may be contingent on passing the applicable examinations. I authorize my present and former employers, schools and references to provide the Company with information necessary to determine my suitability for employment. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand that if I am employed, my employment may be terminated at any time, with or without prior notice, at the option of either myself or the company. I further understand that I may be subject to screening for illegal drugs and alcohol use prior to hiring and during my employment if I am hired.

Signature of Applicant _____

Date signed _____