

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE OF APPLICATION:

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	CELL PHONE	BEST TIME TO CONTACT	

EMPLOYMENT DESIRED

POSITION DESIRED	DATE YOU CAN START	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, WHEN?	
FOR WHICH LOCATION(S) ARE YOU APPLYING FOR?	PREFERRED SHIFT	

EDUCATION

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
BUSINESS OR VOCATIONAL			
SPECIALIZED TRAINING			

EMPLOYMENT HISTORY

DATE MONTH & YEAR	NAME , ADDRESS & TELEPHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
DUTIES/RESPONSIBILITIES:				
FROM:				
TO:				
DUTIES/RESPONSIBILITIES:				
FROM:				
TO:				
DUTIES/RESPONSIBILITIES:				

PERSONAL & PROFESSIONAL REFERENCES

NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS KNOWN

AUTHORIZATION

“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, AS WELL AS MISREPRESENTATIONS OR OMISSIONS, ON THIS APPLICATIONS MAY RESULT IN TERMINATION.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR ANY EMPLOYMENT-RELATED PURPOSE. I RELEASE THE LISTED REFERENCES AND ALL EMPLOYERS TO PROVIDE YOU WITH ANY AND ALL APPLICABLE INFORMATION THEY MAY HAVE. I HEREBY RELEASE THESE REFERENCES FROM ALL LIABILITY FOR ANY INFORMATION THEY MAY GIVE TO YOU.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF CARMELO RUTA, INC OR RUTA HOTELS, INC. HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

I ALSO UNDERSTAND THAT CARMELO RUTA, INC AND RUTA HOTELS, INC SUBSCRIBE TO A DRUG FREE WORK PLACE, AND THAT I MAY BE REQUIRED TO SUBMIT TO A DRUG SCREEN AS PART OF MY INITIAL APPLICATION PROCESS.”

DATE: _____ SIGNATURE: _____

FOR INTERNAL USE ONLY

INTERVIEW NOTES

INTERVIEWED BY:	DATE OF INTERVIEW:
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IF HIRED:			
PROPERTY:	POSITION:	START DATE:	WAGE: