



Application for Employment Sweet Home Hospitality, LP

PLEASE PRINT

EQUAL OPPORTUNITY EMPLOYER

Personal Information:

Date: _____

Name (Last Name, First Name):		Social Security Number:	
Present Address:	City:	State:	Zip:
Permanent Address:	City:	State:	Zip:
Phone Number:	Referred By:		

Employment Desired:

Position:	Date Available to Start:	Salary Desired:
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporarily		
If Part Time or Temporarily specify hours, days or dates:		
Are you Currently Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, May we inquire of your present 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, Where and When?		

Education History:

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
Grammar School:			
High School:			
College:			
Trade, Business or Correspondence School:			

Special Skills:

Typing Speed (Word per Minute):	Steno Speed (Word per Minute):
Business Machines You Can Operate:	
Computer Programs You Have Worked On:	

Employment History: (List Present Employer or Most Recent Employer First)

Employer Name and Address		From:	To:
		Beginning Salary	Ending Salary
		Reason for Leaving:	
Employer Phone Number:	Your Job Title:	Supervisor:	
Duties:			

Employer Name and Address		From:	To:
		Beginning Salary	Ending Salary
		Reason for Leaving:	
Employer Phone Number:	Your Job Title:	Supervisor:	
Duties:			

Employer Name and Address		From:	To:
		Beginning Salary	Ending Salary
		Reason for Leaving:	
Employer Phone Number:	Your Job Title:	Supervisor:	
Duties:			

Employer Name and Address		From:	To:
		Beginning Salary	Ending Salary
		Reason for Leaving:	
Employer Phone Number:	Your Job Title:	Supervisor:	
Duties:			

Military Experience:

Were you in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, What Branch		
Briefly Describe Your Duties and Rank at Separation:	From:	To:

General Information:

Are you legally Authorized to Work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without any reasonable accommodations? Please describe any accommodations required:		
Have You Been Convicted of a Felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes:	Date:	Place:
An Affirmative Answer Will Not Automatically Disqualify You From Being Considered as a Candidate for Employment		
Place:	Nature:	
Have You Ever Been Employed by This Company or It's Subsidiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes:	Date:	Where?

References:

Name:	Occupation:	Phone Number:
Name:	Occupation:	Phone Number:
Name:	Occupation:	Phone Number:
Name:	Occupation:	Phone Number:

Please indicate any other information you think would be helpful to us in considering you for the employment. Please exclude all information indicative of age, sex, race, religion, national origin or disability.

"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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company 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 Disability Act (ADA) and other relevant federal and state laws."

Signature of Applicant

Date

