

Howard*s On The River

APPLICATION FOR EMPLOYMENT

Position Desired: _____ [] Part time [] Full time [] Year round [] Seasonal

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT**

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my driving record, my criminal record and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

_____ Date

_____ Signature of Applicant

Name _____

(Print) Last First Middle

Present Address _____ you lived there? _____ Street and

Number City State Years Months

Previous Address _____ you live there? _____ Street and

Number City State Years Months

Telephone No. _____ Social Security No. _____

Can you work – [] Overtime? [] Weekends? Do you have a shift preference? _____
If so, which shift? _____

Have you ever worked for this Company before? [] Yes [] No

If Yes, please give dates and position: _____

Have you ever pled guilty or "no contest" to, or been convicted of a felony? Yes No

If Yes, please give the date(s) and details: _____

Have you ever pled guilty, or no contest to, or been convicted of a misdemeanor resulting in imprisonment within the last ten years? Yes No

If Yes, please give the date(s) and details:

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? Yes No If Yes, please give the date(s) and details:

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions for which the record has been sealed or expunged in answering this question.)

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary]

Present or Last Employer Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> Start \$ _____ Final \$ _____	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u>	<u>Exact Reason for Leaving</u>
Previous Employer Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> Start \$ _____ Final \$ _____	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u>	<u>Exact Reason for Leaving</u>
Previous Employer Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> Start \$ _____ Final \$ _____	<u>Your Title or Position</u> _____ Name and Title of <u>Last Supervisor</u>	<u>Exact Reason for Leaving</u>

Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> Start \$ _____ <u>Final</u> \$ _____	<u>Your Title or Position</u> _____ <u>Name and Title of</u> <u>Last Supervisor</u> _____	<u>Exact Reason for Leaving</u> _____
Previous Employer _____ Address _____ City, State, Zip Code _____ Telephone _____	<u>Employed</u> From (mo/yr) _____ To (mo/yr) _____	<u>Pay</u> Start \$ _____ <u>Final</u> \$ _____	<u>Your Title or Position</u> _____ <u>Name and Title of</u> <u>Last Supervisor</u> _____	<u>Exact Reason for Leaving</u> _____

Have you ever been terminated or asked to resign from any job? Yes No

If Yes please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No. If No, please explain: _____

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying. _____

Have you ever used another name? Yes No

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? Yes No

If yes, please explain: _____

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

Do you have adequate transportation to and from work? Yes No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

_____	_____
YEAR	NUMBER OF DAYS
_____	_____
YEAR	NUMBER OF DAYS
_____	_____
YEAR	NUMBER OF DAYS

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

PERSONAL REFERENCES

Please list persons who know you well -- **not** previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant

ADDITIONAL INFORMATION. Please indicate any actual experience you have in any of the following positions:

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Sales | <input type="checkbox"/> Driver | <input type="checkbox"/> Banquets |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Server | <input type="checkbox"/> Recreation | <input type="checkbox"/> Landscape/Grounds |
| <input type="checkbox"/> Front Desk | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Computer Services |
| <input type="checkbox"/> Reservations | <input type="checkbox"/> Cook | <input type="checkbox"/> Telephone/PBX | |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> Bell staff | <input type="checkbox"/> Security | |

DRIVING INFORMATION

Complete the following if applying for position which requires driving:

Do you have a current driver's license? yes no

State: _____ Lic. No. _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? yes no

If yes, please explain circumstances: _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? yes no

If yes, please explain the outcome: _____

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Offense	Date	Location