



APPLICATION FOR EMPLOYMENT

5/05

Please print in ink. If more space is needed, please continue on a separate piece of paper or a resume may be attached. If a question does not apply, write "N/A." Stoney Creek Inn is an Equal Opportunity Employer and does not discriminate on the basis of age, sex, race or color, national origin, religion, or disability.

PERSONAL INFORMATION

DATE _____

NAME _____ SOC. SEC. # _____
LAST FIRST M.I.

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE (_____) _____ E-MAIL ADDRESS _____

ARE YOU 18 YEARS OR OLDER? YES NO DO YOU HAVE A LEGAL RIGHT TO WORK IN U.S.? YES NO

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH STONEY CREEK INN? YES NO

IF YES, WHO AND WHERE DO THEY WORK: _____

DO YOU GIVE STONEY CREEK PERMISSION TO INVESTIGATE YOUR CONVICTION HISTORY? YES NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION? YES NO If yes, please explain: _____

(Record of conviction is not an automatic bar to employment – all circumstances will be considered.)

EMPLOYMENT DESIRED

DATE I CAN START _____ PAY RATE DESIRED _____ POSITION DESIRED _____

AVAILABILITY

ARE YOU AVAILABLE FOR: NIGHT SHIFT _____ WEEKENDS _____ OVERTIME _____ TRANSFERS _____

Please indicate your availability:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM	_____	_____	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____	_____	_____

EDUCATION

NAME AND LOCATION

DIPLOMA /DEGREE RECEIVED

HIGH SCHOOL		
COLLEGE		
ADVANCED DEGREE, TRADE, OR OTHER		

U.S. MILITARY OR NAVAL SERVICE _____ BRANCH/RANK _____

SKILLS INVOLVED/LEADERSHIP QUALITIES _____

LICENSES, CERTIFICATES, PROFESSIONAL MEMBERSHIPS (Exclude organizations, name or character that indicates the race, age, ethnic origin, religious/political persuasion or affiliation) _____

PERSONAL AND/OR CAREER GOALS _____

EMPLOYMENT HISTORY (LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT FIRST)

ARE YOU PRESENTLY EMPLOYED? YES NO REASON FOR WANTING NEW JOB _____

_____/_____/_____
CURRENT OR MOST RECENT EMPLOYER Date of Employment

ADDRESS CITY STATE ZIP PHONE #

POSITION PAY RATE CAN PRESENT EMPLOYER BE CONTACTED? YES NO

RESPONSIBILITIES/SKILLS _____

NAME AND PHONE NUMBER OF YOUR SUPERVISOR(S) _____

EMPLOYED FROM TO REASON FOR LEAVING _____

EMPLOYED BY EMPLOYER NAME ADDRESS PHONE #

POSITION PAY RATE

RESPONSIBILITIES/SKILLS _____

EMPLOYED FROM TO REASON FOR LEAVING _____

EMPLOYED BY EMPLOYER NAME ADDRESS PHONE #

POSITION PAY RATE

RESPONSIBILITIES/SKILLS _____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFIED STATEMENTS, OMISSIONS, OR MISREPRESENTATIONS IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT, WHETHER ON THIS DOCUMENT OR NOT, MAY BE CAUSE FOR REJECTION OF MY APPLICATION OR DISCIPLINE UP TO AND INCLUDING IMMEDIATE DISCHARGE, AT ANY TIME THEREAFTER, SHOULD I BE HIRED.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS AT WILL, FOR NO DEFINITE PERIOD, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE. THE TERMS AND CONDITIONS OF EMPLOYMENT MAY BE CHANGED AT ANY TIME WITHOUT NOTICE BY THE COMPANY. ACCEPTANCE OF EMPLOYMENT INDICATES A WILLINGNESS TO ABIDE BY ALL COMPANY RULES AND POLICES.

THIS APPLICATION FOR EMPLOYMENT IS GOOD FOR 30 DAYS ONLY. CONSIDERATION AFTER 30 DAYS REQUIRES A NEW APPLICATION.

SIGNATURE _____ DATE _____