

Allington Inn & Suites Employment Application

Identification:	Last Name _____	First Name _____	Initial _____	Email: _____
				Home: _____
Street Address _____	City _____	State _____	Zip Code _____	Cell: _____
				Work: _____

Position Information:

1. Position(s) Desired: Front Desk Housekeeping Maintenance Management

2. Do we have permission to consider you for other positions? Yes No If no, please explain _____

3. Check type of employment you are seeking. Full Time Part Time Temporary

4. Date available to start? ___ / ___ / ___ 5. Which location? South Fork Kremmling

6. Have you been employed with us before? No Yes Dates and location _____

7. If yes, what was your last name when employed by us? _____

8. Have you been convicted of a felony? No Yes If yes, explain. _____

9. Are you legally authorized to work in the United States of America? No Yes

10. Are you related to/friends with a current employee? No Yes If yes, please list the name and relationship below.

Name: _____ Relationship: _____

Recruitment Information (How did you learn of this position?):

<input type="checkbox"/> Allington Employee Referral	<input type="checkbox"/> Career Builder	<input type="checkbox"/> Colorado Workforce	<input type="checkbox"/> Friend
<input type="checkbox"/> Jobing.com	<input type="checkbox"/> Monster.com	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other, please specify _____

Education Record:

Circle highest year completed: 9 10 11 12 GED College/University 1 2 3 4

Degree: _____ College/University: _____ Years Attended: _____

Other Training or certifications: _____

Employment History - Start With Most Recent Employer Do not substitute a resume for your application.

1. Employer _____ Phone: (____) _____

Address _____ City _____ State _____ Zip Code _____

Employed (Month/Year) From _____ to _____ Last name while employed _____ May we contact? Yes No

Positions Held _____

Job Duties _____

Supervisor's Name _____ Supervisor's Job Title _____

Starting Pay \$ _____ Final Pay \$ _____ Reason for Leaving _____

2. Employer _____ Phone: (____) _____

Address _____ City _____ State _____ Zip Code _____

Employed (Month/Year) From _____ to _____ Last name while employed _____ May we contact? Yes No

Positions Held _____

Job Duties _____

Supervisor's Name _____ Supervisor's Job Title _____

Starting Pay \$ _____ Final Pay \$ _____ Reason for Leaving _____

3. Employer _____ Phone: (____) _____

Address _____ City _____ State _____ Zip Code _____

Employed (Month/Year) From _____ to _____ Last name while employed _____ May we contact? Yes No

Positions Held _____

Job Duties _____

Supervisor's Name _____ Supervisor's Job Title _____

Starting Pay \$ _____ Final Pay \$ _____ Reason for Leaving _____

References (Provide Four References Who Are Not Related To You)

Personal References

Name _____ Relationship _____

Email Address _____ Phone _____

Name _____ Relationship _____

Email Address _____ Phone _____

Professional/Business References

Name _____ Relationship _____

Email Address _____ Phone _____

Name _____ Relationship _____

Email Address _____ Phone _____

Applicant Certification

To assist in the evaluation of my employment qualifications, I hereby authorize Allington Inn & Suites to request and receive reports, records and other information from any of my former employers; and any other person, partnership, corporation, institution, credit bureau, law enforcement agency, or educational institution having knowledge of my character, general reputation, credit-worthiness, prior work record and/or education. I hereby release them and Allington Inn & Suites from any responsibility arising out of such disclosures.

I understand that my employment is conditioned on my ability to establish my identity and eligibility for employment in the United States of America.

I affirm the information provided on this document is true and complete to the best of my knowledge and agree that falsified or omitted information may disqualify me from further consideration for employment, and may be considered justification for dismissal from employment if discovered at a later date.

I have read, understand, and agree to be held accountable to all information contained here in, Expectations, Strategic Objectives, and this section titled Applicant Certification.

Applicant Signature: _____

Date: _____

