

CATALYST

PROJECT MANAGEMENT



HOTEL
GRINNELL



THE
HIGHLANDER
HOTEL

Name:

Phone:

Email:

APPLICATION FOR EMPLOYMENT

Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service, and attention for our guests.

We are seeking employees who, with guests and colleagues:

- Are energetic, optimistic, and enthusiastic
- Are able to spin adverse situations into positive experiences
- Have integrity and are honest
- Are flexible and see change as opportunities for new challenges
- Work with a sense of urgency and are productive 100% of the time
- Are upbeat, cooperative, warm, and responsive
- Maintain a fun disposition, and a positive attitude
- Are able to be silly and create fun

Please read and fill out the entire application, sign, date and return to:
amelia@hotelgrinnell.com

Thank you. We look forward to meeting you.

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other legally protected status.

Position(s) applied for:

Date:

How did you find out about this job?

Why are you seeking a new job at this time?

Applicant Information

First Name:

Middle:

Last:

Street Address:

Social Security No.:

City/State/Zip:

Phone:

If hired, do you have a reliable means of transportation to get to work?

Describe:

Have you been convicted of a crime? Yes No If yes, please state the nature of the offense and disposition of the case. Include dates and places. (NOTE: The existence of a criminal record does not constitute an automatic bar to employment)

Are you a veteran?

If yes, give dates of service: From:

To:

List any special skills or training:

Employment Application

Are you seeking full-time, part-time, or temporary employment?

What hours and shift(s) would you prefer to work?

List times you are not available to work:

Are you willing to work overtime?

Weekends?

Holidays?

Nights?

Are you currently employed?

If hired, when would you be able to start?

List any friends or relatives employed by this company:

Have you ever been discharged or asked to resign from any position?

If yes, please describe:

Please describe any cooking, customer service, or bartending experience you have:

Education (select the highest level achieved for each, if applicable)

Elementary: _____ Secondary: _____ College: _____
Name of School: _____ Name of School: _____ Name of School: _____
Location of School: _____ Location of School: _____ Location of School: _____
If in high school, are you enrolled in a recognized co-op program? Yes No Degree & Major: _____
If yes, identify program and school: _____

Work History (please begin with most recent)

1. Company _____ Phone No. with Area Code _____
Address _____ City/State/Zip: _____
Dates Employed - From _____ To _____ Salary - Beginning _____ Ending _____
Job Title _____ Supervisor's Name/Title: _____
Briefly describe duties: _____
Specific reason for leaving: _____
2. Company _____ Phone No. with Area Code _____
Address _____ City/State/Zip: _____
Dates Employed - From _____ To _____ Salary - Beginning _____ Ending _____
Job Title _____ Supervisor's Name/Title: _____
Briefly describe duties: _____
Specific reason for leaving: _____
3. Company _____ Phone No. with Area Code _____
Address _____ City/State/Zip: _____
Dates Employed - From _____ To _____ Salary - Beginning _____ Ending _____
Job Title _____ Supervisor's Name/Title: _____
Briefly describe duties: _____
Specific reason for leaving: _____
4. Company _____ Phone No. with Area Code _____
Address _____ City/State/Zip: _____
Dates Employed - From _____ To _____ Salary - Beginning _____ Ending _____
Job Title _____ Supervisor's Name/Title: _____
Briefly describe duties: _____
Specific reason for leaving: _____

May we contact the employers listed above?

If not, list the employers you do not wish us to contact and why.

List any experience you think might be helpful in determining your employment eligibility:

Personal References

- | | |
|---------------|------------------------------|
| 1. Name | Phone No. with Area Code |
| Address | City/State/Zip: |
| Length Known: | How do you know this person? |
| 2. Name | Phone No. with Area Code |
| Address | City/State/Zip: |
| Length Known: | How do you know this person? |

Authorizations & At Will Employment

(please read carefully, then sign and date below)

I certify that I have personally completed this application. I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omission may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize the company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand that false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing this information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

I authorize this company, if applicable, to request a copy of my motor vehicle driving record and any other investigative report deemed necessary through various third party sources. As required by law, upon request within a reasonable time period, I will be notified as to the nature and scope of such investigations.

I hereby agree to submit to any drug test required of me, whether prior to my employment, or if employed by this company, at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

AT-WILL EMPLOYMENT AGREEMENT

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract between the company and me. In addition, I understand and agree that if you employ me, in consideration of my employment, my employment and compensation will be at-will, for no definite period of time, and may be terminated at any time, for any reason, or for no reason at all. I understand that only the company's President is authorized to change the employment-at-will status and such a change can only be done in writing. I have read, understand, and agree to the above.

Signature

Date

Name