

# EMPLOYMENT APPLICATION



HOTEL SORELLA

## An Equal Opportunity Employer

Please Print

Position (s) applying for: \_\_\_\_\_ Days/Hours Available: \_\_\_\_\_

Full-time  Part-time  Desired Salary: \_\_\_\_\_

\_\_\_\_\_  
Date Last Name First Name Middle

\_\_\_\_\_  
No. & Street City State Zip

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_ - \_\_\_\_\_  
Home Phone other Phone/e-mail Social Security Number

\_\_\_\_\_  
Home Phone other Phone/e-mail Social Security Number

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.).  Yes  No

Are you at least of legal age to serve alcoholic beverage in this state?.....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?.....  Yes  No

## Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

May we contact your past employers for a reference? .....  Yes  No

\_\_\_\_\_  
Name of Employer Telephone No.

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: \_\_\_\_\_ Starting \_\_\_\_\_ to \_\_\_\_\_ Ending

Supervisor: \_\_\_\_\_ Your Position and Duties: \_\_\_\_\_

Why did you leave?

\_\_\_\_\_  
Name of Employer Telephone No.

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: \_\_\_\_\_ Starting \_\_\_\_\_ to \_\_\_\_\_ Ending

Supervisor: \_\_\_\_\_ Your Position and Duties: \_\_\_\_\_

Why did you leave?

\_\_\_\_\_  
Name of Employer Telephone No.

\_\_\_\_\_  
Address & Street City State Zip

Dates of Employment: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: \_\_\_\_\_ Starting \_\_\_\_\_ to \_\_\_\_\_ Ending

Supervisor: \_\_\_\_\_ Your Position and Duties: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

**Educational Background**

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12      College: 1 2 3 4

Degree/licenses held: \_\_\_\_\_ Last school attended: \_\_\_\_\_

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position you are applying.

**Computer skills**

What computer programs can you operate? \_\_\_\_\_ Typing Speed: \_\_\_\_\_

Language(s) other than English do you speak fluently? \_\_\_\_\_

Other abilities, knowledge or skills: \_\_\_\_\_

**Personal Information**

What source referred you to Hotel Valencia? Job Fair  Newspaper  Website  Friend/Relative  Other

Have you ever applied to or worked for Hotel Valencia before?.....  Yes  No

If yes, when? \_\_\_\_\_

Do you have any relatives working for Hotel Valencia.....  Yes  No

If yes, state name(s) and relationship: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?.....  Yes  No

If no, describe the functions that cannot be performed: \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)?.....  Yes  No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case. (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)

**References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Title	Relationship to you	Telephone	Number of years known
			( )	
			( )	
			( )	

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and  
 Initials that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I also understand that employment with Hotel Valencia is "at-will" and that either of us may terminate the relationship at any time, for any reason, with or without cause. I certify that if employed by Hotel Valencia, I will abide by all company rules and regulations.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to  
 Initials suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Hotel Valencia, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand the use, possession, or being under the influence of illegal drugs or alcohol while on Company time is prohibited  
 Initials and will result in disciplinary action, up to and including, termination of employment. I hereby agree to submit to any lawful drug or integrity testing or post-offer medical examination that may be required as a condition of employment and understand that refusal to submit to testing during the course of my employment may result in disciplinary action, up to and including termination of employment. I authorize any physician, hospital, laboratory or collection sites to release to Hotel Valencia the result of any test or examination or other information which may be necessary to determine my ability to perform the duties of a job for which I am being considered, prior to employment or in the future during my employment with Hotel Valencia.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date