

Old Fort Hospitality Employment Application



Chandler's Grill
6111 Reve Court
Ft. Madison, IA 52627
319.372.5022
old-fort.com

PLEASE COMPLETE FRONT AND BACK OF APPLICATION

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Name				Date			
Last	First	Middle	Maiden				
Present Address							
Number	Street	City	State	Zip			
Telephone ()		Cell Phone ()		Email			
Position applied for							
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				Social Security No. - -			
Schedule Availability (Check all that apply)							
<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time		<input type="checkbox"/> Days		<input type="checkbox"/> Evenings	
<input type="checkbox"/> Weekends		<input type="checkbox"/> Seasonal					
Please list the hours that you are available to work. No Preference _____	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
How may hours can you work weekly?			Date you can start?			Wage desired \$	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				If no, please explain below			
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, when?			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, please explain below			

Education	Name and Location	Last Grade Completed	Graduated?			Major and Degree
			Yes	No	Year	
High School		9 10 11 12				
Jr. College		1 2				
University		1 2 3 4				
Trade/Tech		1 2 3 4				
Other		1 2 3 4				

References - List at least three references other than relatives or previous employers whom you have known at least one year.				
Name	Address	Phone No.	Position	Years Acquainted
1				
2				
3				
4				

(Continued on Other Side)

Work Experience - List your work experience for the past five years beginning with your most recent job held.			
Employment Dates From To	Name of Employer Address City, State, Zip Phone Number	Name of Last Supervisor	Pay or Salary Start Final
Eligible for Re-Hire?		Your Last Job Title?	
Reason for Leaving? (be specific)			
Employment Dates From To	Name of Employer Address City, State, Zip Phone Number	Name of Last Supervisor	Pay or Salary Start Final
Eligible for Re-Hire?		Your Last Job Title?	
Reason for Leaving? (be specific)			
Employment Dates From To	Name of Employer Address City, State, Zip Phone Number	Name of Last Supervisor	Pay or Salary Start Final
Eligible for Re-Hire?		Your Last Job Title?	
Reason for Leaving? (be specific)			
Employment Dates From To	Name of Employer Address City, State, Zip Phone Number	Name of Last Supervisor	Pay or Salary Start Final
Eligible for Re-Hire?		Your Last Job Title?	
Reason for Leaving? (be specific)			

In Case of Emergency - Notify:			
Name	Address	Phone No.	Cell No.
1		()	()
2		()	()

Please read carefully and sign below

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation of this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that the employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employees and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise the policies or procedures, in whole or in part, at any time.

_____ Signature

_____ Date