## Old Fort Hospitality Employment Application



## **Quality Inn & Suites**

6169 Reve Court Ft. Madison, IA 52627 319.372.6800 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									С	ate			
	Last		First	1	∕Iiddle		Ma	iden					
Present Addre													
Telephone (	Numb )	oer	Cell Phone	e (	)	ity		En	<sub>State</sub> nail	Zip			
Position applie	ed for												
Are you 18 years or older? ☐ Yes ☐ No				)	Social Security No				-				
Schedule Availability (Check all that apply)													
☐ Full-time ☐		☐ Part-tin	] Part-time		☐ Evenings ☐		□ \	Week	ends	☐ Seas	Seasonal		
Please list the	hours	Sunday	Monday	Tuesd	ay	Wedn	esday	Thu	ursday	Frida	у	Saturday	
that you are available to work. No Preference													
How may hours can you work weekly?				Date y	e you can start? Wa				Wa	ge desired \$			
Are you a citizen of the United States? $\Box$ Yes $\Box$ No If no, please explain below													
Have you ever worked for this company? ☐ Yes ☐ No If yes, when?													
Have you ever been convicted of a felony?   Yes   No If yes, please explain below													
Education	Name and Location						Gradu No	raduated? No Year M		ajor and Degree			
High School						1 12							
Jr. College				1	2								
University				1	2 :	3 4							
Trade/Tech				1	2	3 4							
Other				1	2	3 4							
References - L	ist at least	three referenc	ces other than r	elatives o	prev	ious em	ployers	s who	m you ha	ve knowr	at lea	ast one year.	
Name			Address			Phone No.			Position		Years Acquainted		
1													
2													
3													
4													

Work Experience	- List your work expe	rience for the past five yea	ars beginn	ing with	your most re	ecent job held.	
Employment Dates From To	Name of Employer Address City, State, Zip Phone Number				Name of Las Supervisor	t 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 Supervis			t 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 Las Supervisor	t 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 Las Supervisor	t Pay or Salary Start Final	
Eligible for Re-Hire?			Your Last Job Title?				
Reason for Leaving	? (be specific)		1				
In Case of Emerge	ency - Notify:						
N	ame	Address		Phone No.		Cell No.	
1		(		( )		( )	
				<i>(</i> )		( )	

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. satisfactory medical examinations a

I understand th ee to abide by all Company work ly time.

Signature	Date
rules, policies and procedures. The Company retains the right to revise th	, ,
nat filling out this form does not indicate there is a position open and does	not obligate the Company to hire. If hired Lagre
and drug test, and if I am hired a condition of my employment will be that I	. , , , , , , , , , , , , , , , , , , ,