

APPLICATION FOR EMPLOYMENT WITH THE <u>TOWN & COUNTRY INN AND RESORT</u> (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORM	ATION				
(Last)	(First)	(Middle)		Date:	
Name:					
S	Street		City	State	Zip Code
Phone Number:	()		Are you 18 or older?	Yes: No:	_
Are you prevented f	rom lawfully	/ becoming e	mployed in this count	ry because of Visa or Ii	nmigration Status?
Yes:	No:				
EMPLOYMENT DESI	RED				
Position:					
Are you employed n	iow?				
If so, may we inquire	e of your pre	esent employ	ver? Yes:	No:	
Have you ever appli	ed to work v	vith us befor	e?		
Where?			When?		
Were you referred b	by someone	? No:	Yes:		
Name:					
EDUCATION					
SCHOOL LEVEL		LOCATION CHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECT(S) STUDIED
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
OTHER					

GENERAL

Subjects of Special Study or Research Work

Do you have a driver's license	Yes:	No:
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If not, do you have means of transportation?

Do you have any special skills or experience you believe may be important for the job you are applying for?

lave you been convicted of a felony or misdemeanor in the last 7 years? Yes: No:			
Activities: (Civic, Athletic, Etc.)			
U. S. Military or Naval Service:	Rank:		
Present Membership in National Guard or Reserves Yes:	No:		

FORMER EMPLOYERS (List below previous employers, most recent first)

DATES OF EMPLOYMENT	NAME and PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
/to				

Which of these jobs did you like best?

What did you like most about that job? _____

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.

NAME	PHONE NUMBER	BUSINESS/POSITION	YEARS ACQUAINTED
1.			
2.			
3.			

In case of an emergency, who should we notify?

Name Address

Phone Number

"I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations. I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date: ___/___/ Signature:_