

FOR OFFICE USE:

**NAME:** \_\_\_\_\_

LAST,

FIRST,

MIDDLE INITIAL

Screening Interview: -----/-----/----- Second Interview: -----/-----/-----

## Employment Application – Madonna Inn

An Equal Opportunity Employer. At-Will Employer.

**Please Print**

\_\_\_\_\_  
Date of Application

Position(s) applying for: 1<sup>st</sup> Choice: \_\_\_\_\_  FT  PT

2<sup>nd</sup> Choice: \_\_\_\_\_  FT  PT

Date available to start: \_\_\_\_\_ Will you travel if job requires it?  Yes  No

Referral Source:  Advertisement  Employee  Relative  Walk-in  
 Government Employment Agency  Private Employment Agency  
 Other: \_\_\_\_\_

1. Do you have any friends or relatives working for the Madonna Inn? .....  Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Position Held

### Personal Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle

### Present Address & Phone Numbers

\_\_\_\_\_  
No. & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Business Phone

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Home Phone

(\_\_\_\_) \_\_\_\_-\_\_\_\_  
Cell phone

### Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip

What is the best time to contact you?  Morning  Afternoon  Evening

May we contact you at work?  Yes  No (\_\_\_\_) \_\_\_\_-\_\_\_\_ Best time to contact at work: \_\_\_\_\_  
Business Phone

2. Have you ever applied to or worked for the Madonna Inn before? .....  Yes  No

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

3. Why are you applying for work at the Madonna Inn?

4. If hired, would you have a reliable means of transportation to and from work?  Yes  No

5. Are you at least 18 years old? .....  Yes  No

6. 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

7. 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.)

8. Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)  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.)

9. Have you ever been terminated or asked to resign from a job?  Yes  No  
If yes, explain: \_\_\_\_\_

### Education, Training and Experience

**A:** List the last three schools attended, *starting with the most recent one*. **B:** List city & state of school. **C:** List number of years completed. **D:** Indicate any degree or diploma earned. **E:** Pertinent coursework. **F:** GPA

A: School Name	B: City & State	C: Years completed	D: Degree or diploma	E: Pertinent coursework	F: GPA

List any foreign languages and check the box (es) that best describes your skill level.

Language	Fluent: read, write, & speak	Read	Write	Speak

## 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, Military service, and volunteer activities. You must complete this section even if attaching a resume. Use reverse side of this paper if necessary to cover the 5 year period.

---

Name of Employer \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ Hourly/Salary Pay: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

If "No", Explain: \_\_\_\_\_

---

Name of Employer \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ Hourly/Salary Pay: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

If "No", Explain: \_\_\_\_\_

---

Name of Employer \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

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

Dates of Employment: \_\_\_\_\_ Hourly/Salary Pay: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?  Yes  No

If "No", Explain: \_\_\_\_\_

## Civic Activities

List any professional, trade, business or civic activities, and offices held. Exclude groups which indicate race, color, religion, sex, national origin, or any other protected class.

---

---

---

## References

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

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
No. of Years Acquainted

\_\_\_\_\_  
How are you acquainted? (Co-worker? Supervisor?, etc.)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
No. of Years Acquainted

\_\_\_\_\_  
How are you acquainted? (Co-worker? Supervisor?, etc.)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
No. of Years Acquainted

\_\_\_\_\_  
How are you acquainted? (Co-worker? Supervisor?, etc.)

## Please answer the following questions:

- a. Can you type?  Yes  No Speed \_\_\_\_\_
- b. Can you operate a 10 key adding machine by touch?  Yes  No Speed \_\_\_\_\_
- c. What software are you familiar with? \_\_\_\_\_
- d. Can you compose letters?  Yes  No
- e. Do you excel in math?  Yes  No
- f. Do you excel in spelling?  Yes  No
- g. If hired for a position that requires driving for the company, can you provide a valid drivers license, proof of insurance and a current DMV record?  Yes  No

h. Summarize any special skills and qualifications applicable to the position for which you are applying:

**Availability**

Schedule flexibility and availability are very important in the hospitality industry. We are open weekends and holidays to serve our guests. This means you must be available to work weekends and holidays.

I CAN WORK WEEKENDS AND HOLIDAYS  Yes  No

Hours available to work Monday through Sunday: (List below)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
FROM							
TO							

Please furnish any other information you feel may be beneficial to your application:

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

\_\_\_\_\_  
Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and 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.

\_\_\_\_\_  
Initials I hereby authorize the Madonna Inn to thoroughly investigate my references, work record, education and other matters related to my 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 the Madonna Inn, 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.

\_\_\_\_\_  
Initials I understand that nothing contained in the application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Madonna Inn. In addition, I understand and agree that if I am employed my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Madonna Inn and that no promises or representations contrary to the foregoing are binding on the Madonna Inn unless made in writing and signed by me and the Madonna Inn's designated representative.

\_\_\_\_\_  
Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Madonna Inn, I am entitled to copies of any such public records obtained by the Madonna Inn unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above

\_\_\_\_\_  
Date Applicant's Signature

*Note: This application will remain "open" for consideration for three months, after which, a new one must be submitted. Thank you.*