



EMPLOYMENT APPLICATION

APPLICANT INFORMATION										
Last Name		First		M.I.	Date					
Street Address					Apartment/Unit #					
City				State			ZIP			
Phone				E-mail Address						
IMPORTANT INFORMATION										
Date Available				Desired Salary				Position Applied for		
Do you wish to work	Full time <input type="checkbox"/>	Part time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Please explain						
Schedule of availability		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
	AM									
	PM									
Able to twist, turn, bend at the waist, stoop, kneel, push, pull, and raise arms above the head?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Able to stand, walk, and perform physical job functions without sitting for full shift?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Able to properly lift up to 40 pounds?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Have you been cited for a traffic violation within the past five years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
EDUCATION										
High School				Address						
College				Address						
Other				Address						
PREVIOUS EMPLOYMENT										
COMPANY				Phone						
Address				Supervisor						
Job Title			Starting Salary	\$	Ending Salary		\$			
Responsibilities										
From	To	Reason for Leaving								
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					

COMPANY				Phone	
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
COMPANY				Phone	
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
COMPANY				Phone	
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
COMPANY				Phone	
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
REFERENCES					
<i>Please list three professional references.</i>					
Full Name				Relationship	
Company				Phone	
Address					

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
FRIENDS OR RELATIVES THAT WORK HERE			
Full Name		Relationship	
Full Name		Relationship	
TELL US MORE ABOUT YOURSELF			
If you could have any superpower, what would it be? Why?			
What makes you laugh?			
What are your pet peeves?			
If you could build your own hotel in Las Vegas, what would theme would you create?			
When you think of four-star service, what four words come to mind?			
Of all of the things that you have done in your life, what would be the scariest?			
If you could eat one meal for the rest of your life, what would it be? Why?			
What are you doing after you complete this application?			

DISCLAIMER AND SIGNATURE: Please Read Carefully

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of this company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and the relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and this company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. **I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice.** I authorize the investigation of all matters contained in this application and hereby give the Northern permission to run a background check, contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Northern from any liability as a result of such contact. In addition, I understand that employment with the Northern is contingent upon passing a pre-employment drug screen.

The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us. I further understand that my employment with this company shall be probationary for a period of up to **180 days**, and further that at any time during the probationary period and thereafter, my employment relation with the company is terminable at will for any reason by either party.

Please enter your name below, agreeing that you've read and understand the above information. You also agree that all information given here is complete, accurate, and truthful to the best of your knowledge. If this application leads to employment, you understand that false or misleading information in this application or in an interview may result in your release. Please note, if an interview is requested, you will then be asked to sign your name in person. If filling out this form by hand, please sign below.

Signature	Date
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* The status of your application will remain active for 90 days from the date of submission at the Northern Hotel. The Northern Hotel may contact you concerning your application anytime within the above noted 90 days.

FOR EMPLOYER'S USE ONLY			
Date application was received:	By:		
Date HR received application:	By:		
Called applicant for an interview on:	By:		
Applicant declined for employment on date:	By:		
REFERENCE CHECK			
<u>Employer / Person Contacted</u>	<u>Results</u>		
APPLICATION REVIEW			
<u>Department</u>	<u>Reviewed By:</u>	<u>Date Reviewed</u>	<u>Interested: YES/NO</u>
APPLICANT STATUS			
Eligible for employment per HR guidelines?	Yes	No	90 days from application date:
First Interview By:	Date:	Results:	
Second Interview By:	Date:	Results:	
Position:	Starting Wage:	Date Reporting for Work:	