



Holiday Inn

DENVER LAKEWOOD

APPLICATION FOR EMPLOYMENT
Holiday Inn ® is Proud to Provide a Drug-Free Workplace

Name Last First Middle Other names under which you have worked

Address Number and Street City State Zip Code

Telephone Number () Social Security Number

Position Desired: 1. 2.

Check days and hours you can work:
Full Time Part Time Summer Only On Call
Monday Tuesday Wednesday Thursday Friday Saturday Sunday
6 a.m. to 3 p.m. 2 p.m. to 11 p.m. 6 p.m. to 3 a.m.
7 a.m. to 4 p.m. 3 p.m. to 12 a.m. 11 p.m. to 8 a.m.
8 a.m. to 5 p.m. 5 p.m. to 2 a.m. 12 a.m. to 9 a.m.

Date Available for Work:

If you are employed, will you be able to submit verification of your legal right to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No If Yes, describe in full:

Have you ever been denied a fidelity bond? Yes No If Yes, please explain:

Are you aware of any reason why you can not perform the essential functions of the job for which you are applying?:

Please state if you are at least 18 years old. Yes No

Special Training Personal Computer PBX Console
Calculator Micros Type Words per Minute
10 Key Adding Machine Cash Register Shorthand Words per Minute
NCR CRT Dictation Equipment
Excel version Word version PMS
Other

Table with 4 columns: EDUCATION, School Attended, City and State, Completed. Rows include High School, College, and Other.

If you speak, read and/or write a foreign language(s), please show in box below. Answer only if job-related.

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

EMPLOYMENT RECORD - Please start with the most recent employer; include military service. If you are currently employed, may we contact your present employer? ___Yes ___No

Date	Name of Employer: _____	Telephone: () _____
Started	Address: _____	
	Name of Immediate Supervisor: _____	Title: _____
Date	Your Title: _____	Duties: _____
Left	_____	
	Reason for Leaving _____	

Date	Name of Employer: _____	Telephone: () _____
Started	Address: _____	
	Name of Immediate Supervisor: _____	Title: _____
Date	Your Title: _____	Duties: _____
Left	_____	
	Reason for Leaving _____	

Date	Name of Employer: _____	Telephone: () _____
Started	Address: _____	
	Name of Immediate Supervisor: _____	Title: _____
Date	Your Title: _____	Duties: _____
Left	_____	
	Reason for Leaving _____	

Do you wish to advise us of your starting salary expectations? From \$ _____ hr./mo. to _____ hr./mo.

I understand and agree that my continued employment with the Holiday Inn is predicated upon the truthfulness and accuracy of the statements contained herein and that by filling out this application there is no guarantee that I will be hired. I consent to and authorize the hotel and its staff to ask for information concerning me. I release all parties and persons connected with any requests for information from all claims, liability and damages for whatever reason arising out of furnishing this information. Unless otherwise stated in a written agreement signed by the General Manager, employment is terminable at the will of the hotel. If I accept a position with the hotel, I hereby agree to comply with all policies and procedures, including the Hotel's Anti-Drug Workplace Policy.

Date _____ **Signature** _____