Cambria Suites

# Employment Application

## Applicant Information

Full Name: _____ Date: _____

*Last* *First* *M.I.*

Address: _____

*Street Address* *Apartment/Unit #*

_____

*City* *State* *ZIP Code*

Phone: ( ) E-mail Address:

Date Available: Social Security No.: Desired Salary: $

Position Applied for:

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when?

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain:

## Education

High School: Address:

From: To: Did you graduate? YES ☐ NO ☐ Degree:

College: Address:

From: To: Did you graduate? YES ☐ NO ☐ Degree:

Other: Address:

From: To: Did you graduate? YES ☐ NO ☐ Degree:

## References

*Please list three professional references.*

Full Name: Relationship:

Company: Phone: ( )

Address:

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Full Name: Relationship:

Company: Phone: ( )

Address:

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Full Name: Relationship:

Company: Phone: ( )

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 ☐ NO ☐

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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 ☐ NO ☐

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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 ☐ NO ☐

## Military Service

Branch: From: To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____