



DOMMEL'S HOTEL MANAGEMENT, INC.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

First Name		Last Name			Middle Initial	
Phone #		Email				
Address			City	Sate	Zip	
Best Way To Contact You: <input type="checkbox"/> Phone <input type="checkbox"/> Email		Best Time to Contact You		Best Time For An Interview		
Do You Have Any Relatives Or Friends Already Working With Us?				<input type="checkbox"/> Yes - Fill out below		<input type="checkbox"/> No
Name		Relationship			Location	

EMPLOYMENT DESIRED

Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Weekends <input type="checkbox"/> Weekdays			Wage Desired
Date You Can Start	Are You Willing To Work At Another Your Place Location?			
	<input type="checkbox"/> Yes _____			<input type="checkbox"/> No

EDUCATION & EXPERIENCE

College, Trade or Business School	Major Area of Study	Years Attended	Did You Graduate?
Armed Forces Service	Rank	Currently in the Reserves or National Guard?	

EMPLOYMENT EXPERIENCE (Most Recent First)

Employer's Name & Address	Hired Mo & Yr	To Mo & Yr	Position	Wage	Reason For Leaving

All of the following questions must be answered in order for your application to be considered

Are you at least eighteen (18) years old? <input type="checkbox"/> Yes <input type="checkbox"/> No, Age _____
Did you graduate from High School or have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, may we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied to or worked with Your Place before? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where and when? _____
Have you ever been charged or convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Do you have any medical or physical limitations which could interfere with your ability to perform the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Do you have a valid driver's license or other form of current photo ID? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have your own vehicle or a reliable source of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there someone we can contact in case an emergency happens while you are working? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Phone #: _____ Relationship To You: _____

REFERENCES - Three people not related to you.

<i>Name & Occupation</i>	<i>Address</i>	<i>Phone #</i>

I, the undersigned applicant, authorize the investigation of all statements and information contained in this application for employment. I understand that misrepresentation or omission of any facts called for is cause for immediate termination of employment. Furthermore, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at anytime without any previous notice.

Signature Of Applicant

Date Of Application