



EMPLOYMENT APPLICATION

The Lafayette Park Hotel is an Equal Opportunity Employer dedicated to non-discrimination in employment

PERSONAL INFORMATION:

NAME (Last, First, MI):	
POSITION APPLYING FOR:	SOCIAL SECURITY NO.:
PRESENT ADDRESS:	
TELEPHONE NUMBER:	OTHER PHONE:
E-mail ADDRESS:	DATE AVAILABLE:

EMPLOYMENT INFORMATION:

If hired, can you provide documentation of your legal right to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	If you are under 18 and it is required, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Graveyard	How did you hear about the position?
Are you able to meet the attendance requirements of this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed here before? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana offenses that are more than 2 years old need not be listed). <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state nature of the crime(s), when and where convicted, and disposition of the case: _____	Do you have friends or relatives that work for Lafayette Park Hotel? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", state names and relationships:
Are you able, with or without accommodation, to perform the essential tasks of the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No What accommodations would you need to perform the essential tasks? <i>(We comply with ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)</i>	Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO Which Branch? _____ From: _____ to _____

EMPLOYMENT HISTORY:

List below all present and past employment starting with your most recent (or current) employer. Account for all periods of unemployment. You must complete this section even if attaching a resume.

From	TO	Employer	Telephone
Starting Job Title/Final Job Title		Address	
Supervisor		Reason for Leaving	
May we Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Rate/ Salary Starting: _____ Final _____	
From	TO	Employer	Telephone
Starting Job Title/Final Job Title		Address	
Supervisor		Reason for Leaving	
May we Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Rate/ Salary Starting: _____ Final _____	
From	TO	Employer	Telephone
Starting Job Title/Final Job Title		Address	
Supervisor		Reason for Leaving	
May we Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		Rate/ Salary Starting: _____ Final _____	

EDUCATIONAL BACKGROUND:

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	MAJOR / FIELD OF STUDY	DID YOU GRADUATE?
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS, CORRESPONDENCE			
OTHER			

REFERENCES:

NAME	YEARS KNOWN	COMPANY / TITLE	PHONE NUMBER

APPLICANT STATEMENT

____ I certify that all the information I have provided in order to apply and secure work with the employer is true, complete and correct.

____ I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from this employer's service, whenever it is discovered.

____ I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, their agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

____ I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing an applicant from consideration for employment on a basis prohibited by local, state or federal law.

____ If I am hired I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make assurances to the contrary and that no implied, oral or written agreement contrary to the foregoing express language are valid unless they are in writing and signed by the employer's designated representative.

____ I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I hereby authorize the company to thoroughly investigate, validate, and use for purposes related to my employment, the information contained in this application, my references, work and education record, and other matters related to my suitability for employment, and further, authorize my references to disclose to the company any and all letters, reports and other information related to my work and education records without giving me prior notice of such disclosure.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date: ____/____/____