

# APPLICATION FOR EMPLOYMENT

SIMSBURY 1820 HOUSE  
731 HOPMEADOW STREET  
P.O. BOX 597  
SIMSBURY, CT 06070

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED  
PLEASE PRINT

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

## HR USE ONLY

Applicant No. \_\_\_\_\_  
Employee No. \_\_\_\_\_  
Company No. \_\_\_\_\_  
Location: \_\_\_\_\_  
Date Employed: \_\_\_\_\_

### Documents Received:

- Resume
- Reference Checks
- Interview Record
- Payroll/Status Change Notice

Date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Present Address \_\_\_\_\_  
No. Street City State Zip

Previous Address \_\_\_\_\_  
No. Street City State Zip

Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you have a legal right to be employed in the United States?

Yes (proof required)  No

Are you over the age of 18?  Yes  No

## COMPANY EXPERIENCE

Have you worked for this company before? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Where? \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving \_\_\_\_\_

## GENERAL

Are you currently employed? \_\_\_\_\_ If not, when was your last day employed? \_\_\_\_\_

Position applying for \_\_\_\_\_  Full Time  Part Time  Temporary  Seasonal

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you Graduate?	Course or Major
College			
Technical School			
High School			
Other			

**LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT**

**1**

Company Name	Dates Worked		Position(s) Held			
Address, City, State, Zip	From	To				
Phone No. ( )	Duties/ Responsibilities					
Type of Business						
Name of Supervisor	Reason for Leaving					
Base Starting Wage	A Hour	Ending/Current	A Hour	A Bonus	Amount Received	Work Hours:
Gross	per		per			
Income \$	A Year	\$	A Year	A Incentives	\$	

**2**

Company Name	Dates Worked		Position(s) Held			
Address, City, State, Zip	From	To				
Phone No. ( )	Duties/ Responsibilities					
Type of Business						
Name of Supervisor	Reason for Leaving					
Base Starting Wage	A Hour	Ending/Current	A Hour	A Bonus	Amount Received	Work Hours:
Gross	per		per			
Income \$	A Year	\$	A Year	A Incentives	\$	

**3**

Company Name	Dates Worked		Position(s) Held			
Address, City, State, Zip	From	To				
Phone No. ( )	Duties/ Responsibilities					
Type of Business						
Name of Supervisor	Reason for Leaving					
Base Starting Wage	A Hour	Ending/Current	A Hour	A Bonus	Amount Received	Work Hours:
Gross	per		per			
Income \$	A Year	\$	A Year	A Incentives	\$	

**WORK REFERENCES**

Name	Years Known	Relationship and Title	
Company			
Work Address                      City	State	Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Work Address                      City	State	Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Work Address                      City	State	Home Phone	Work Phone

Name	Years Known	Relationship and Title	
Company			
Work Address                      City	State	Home Phone	Work Phone

**PROFESSIONAL SKILLS**

Please check the skills for which you have received training:

Word Processing (WPM \_\_\_\_ )     Data Entry     10- Key Calculator

Software Packages: \_\_\_\_\_

Programming Languages: \_\_\_\_\_

Database: \_\_\_\_\_

Manufacturing Equipment: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

## **APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejections or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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Applicant Signature

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Date

**REFERENCE DISCLOSURE AUTHORIZATION FORM**

I hereby authorize any individual, current or former employer, educational institution, or military branch listed in my application and/or resume to disclose in good faith to Classic Hotel of CT or its representatives, orally or in writing, information relating to my fitness for employment, including, but not limited to: job performance, reasons for termination, salary, job duties, eligibility to rehire, work habits, disciplinary actions, training, education, experience, knowledge, skills, qualifications, professional conduct, evaluation information, and attitude. Furthermore, I give Classic Hotels of CT the right to secure additional information about me including but not limited to a Police Record's report. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for providing such disclosures and for any consequences that may occur as a result of those disclosures.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date