



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE:

SOCIAL SECURITY NUMBER:

NAME:

PHONE NO:

PRESENT ADDRESS:

PERMANENT ADDRESS:

ARE YOU 18 YEARS OR OLDER?

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

EMPLOYMENT DESIRED

POSITION:

DATE YOU CAN START:

ARE THERE ANY DAYS OF THE WEEK OR DATES THROUGHOUT THE YEAR THAT YOU CANNOT WORK? (SUCH AS WEEKENDS, HOLIDAYS, ETC?):

SALARY EXPECTATIONS:

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

HAVE YOU EVER APPLIED TO THE BETHEL INN BEFORE?

WHEN?

REFERRED BY:

EDUCATION	DATE/LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

OTHER SKILLS/TRAINING:

FORMER EMPLOYERS

(LIST BELOW LAST THREE EMPLOYERS STARTING WITH LAST ONE FIRST)

DATES (MONTH/YEAR)	NAME AND LOCATION OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

LIST ANY ADDITIONAL WORK EXPERIENCE RELEVANT TO YOUR DESIRED POSITION:

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	PHONE	OCCUPATION	YEARS KNOWN

IN CASE OF EMERGENCY NOTIFY:

TELL US WHY YOU WISH TO WORK FOR OUR COMPANY:

BASED ON WHAT YOU KNOW ABOUT THE BETHEL INN RESORT, HOW WOULD YOU MAKE AN IMPACT AS AN EMPLOYEE OF OUR COMPANY?

DESCRIBE THREE PERSONAL ATTRIBUTES YOU POSSESS AND HOW THEY WOULD RELATE TO YOUR DESIRED POSITION:

“I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY’S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY’S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS’ PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.”

DATE: _____ SIGNATURE: _____

