

An Equal Opportunity Employer EMPLOYMENT APPLICATION Applications will remain active for 1 year only.

Prior to employment, a mandatory drug test is required.

Today's Date	E-mail Address		
Name Last First Middle	POSITION DESIRED Hours Available for Work		
Street Address	FULL TIME Rate of Pay Desired PART TIME		
City State Zip	ARE YOU OF LEGAL AGE TO SERVE YES DIALCOHOLIC BEVERAGES IN THIS STATE?		
Home Phone Cell Phone Work Phone	ARE YOU ELIGIBLE TO RECEIVE ANY AND YES DILL PERMITS/LICENSES REQUIRED BY LAW?		
Have you received a COVID-19 vaccine?	If not, do you plan to receive the COVID-19 vaccine?		
Yes	Yes		
No	No		
PREVIOUS EMPLOYMENT HISTORY LIST YOUR POSITIONS OF THE PAST TEN YEARS. LIST MOST RECENT EMPLOYER FIRST. USE ADDITIONAL SHEET IF NEEDED			
Employer (Most Recent)	Employer		
ADDRESS CITY STATE PHONE	ADDRESS CITY STATE PHONE		
Dates Employed	Dates Employed		
From To Positions Held Rate of Pay	From To Positions Held Rate of Pay		
Duties	Duties		
Reason for Leaving Voluntary Involuntary	Reason for Leaving Voluntary Involuntary		
Employer (Most Recent)	Employer		
ADDRESS CITY STATE PHONE Phone	ADDRESS CITY STATE PHONE		
Dates Employed	Dates Employed		
Positions Held Rate of Pay	Positions Held Rate of Pay		
Duties	Duties		
Reason for Leaving Voluntary Involuntary	Reason for Leaving Voluntary Involuntary		

IF AVAILABLE, INCLUDE RESUME: Yes □ No □			
WHAT SOURCE REFERRED YOU TO 1859 HISTORIC HOTEL LTD?			
HAVE YOU EVER WORKED FOR 1859 HISTORIC HOTEL LTD? ? Y	′es □ No □		
IF YES WHERE FROMTO	REASON FOR LEAVING		
LIST NAMES AND POSITIONS OF ANY RELATIVES EMPLOYED AT			
EDUCATION			
CIRCLE HIGHEST GRADE 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4 DEG	GREE/LICENSE HELD		
NAME OF LAST SCHOOL ATTENDED			
OTHER TRAINING/TRADE SCHOOL			
WHAT LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK FLUENTLY? _			
UNITED STATES MILITARY SERVICE			
MILITARY EXPERIENCE YES NO SKILLS			
SELECTIVE SERVICE CLASS OR RESERVE STATUS			
LIST THE NAME, ADDRESS, TELEPHONE NUMBER AND RELATIONSHIP OF	THREE INDIVIDUALS WHO WILL ACT AS PRO	FESSIONAL REFERENCES:	
1			
2			
3			
Public Law 91-508 requires that we advise you that a routine inquiry may be made during our initial or subsequent processing of your application which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information regarding inquiry, if one is made, will be provided. Federal Law prohibits the company from hiring any person unless he/she presents documents, which establishes his/her identity and eligibility to work in the United States. Therefore, the company will require that each new hire present such documents as a condition of employment. 1859 Historic Hotels Ltd is an equal opportunity employer and does not discriminate in hiring or employment, in accordance with the requirements of all applicable federal, state, and local laws, on the basis of race, color, religion, sex, pregnancy, national origin, age, disability, veteran status/military status, genetic status, sexual orientation, gender identity, or any other characteristic protected under federal, state, or local law." I understand that 1859 Historic Hotels Ltd is in no way obligated to provide employment and that I am in no way obligated to accept employment. I understand that memployment is terminable-at-will, that I am not being employed for any specific time, and that this application is not, and is not intended, to be a contract for continued employment. The use, possession, or being under the influence of illegal drugs or alcohol on the job is prohibited and will result in disciplinary action, up to and including termination of employment. I hereby agree to submit to any lawful drug testing that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge I certify that any misrepresentations made in this application will be sufficient cause for cancellation of this application and/or for my separation fr			
DateSignature			
DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY			
INTERVIEWED BY	REFERRED TO	DATE	
REFERRED TODATE_ TO BE COMPLETED BY DEPARTMENT HEAD IF EMPLOYED:	REFERRED TO	DATE	
DEPARTMENTATAT	POSITION		
REPORT TO WORK - DATEAT	A.M. OR P.M. RATE OF PAY	/PER	
AUTHORIZED BY PERSON TO CONTACT IN CASE OF EMERGENCY			