



122 E. Gurley Street, Prescott, AZ 86301 (928) 778-9434

EMPLOYMENT APPLICATION

Hassayampa Inn is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

APPLICANT INFORMATION

Date _____

Last Name _____ First _____ MI _____

Street Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

EMPLOYMENT POSITION

Position you are applying for _____ Wage desired _____

How did you hear about this position? _____ Date Available _____

Do you have reliable transportation to and from work? Yes ___ No ___

What hours are you available and willing to work? (List below)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

PERSONAL INFORMATION

Have you ever applied to or worked for Hassayampa Inn before? Yes ___ No ___

If Yes, when & what position? _____

Do you have any friends, relatives, or acquaintances working for Hassayampa Inn? Yes ___ No ___

If Yes, state name and relationship: _____

Are you 18 years of age or older? Yes ___ No ___

Are you a U.S. citizen or approved to work in the United States? Yes ___ No ___

Will you consent to a mandatory controlled substance test? Yes ___ No ___

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes ___ No ___ If yes, what can be done to accommodate your limitations? _____

(Note: Hassayampa Inn complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

EDUCATION AND TRAINING

	Name/Location	Last Year Complete	Degree	Major or Emphasis
High School				
College/University				
Vocational School/Specialized Training				

Are you a member of the Armed Services? Yes ___ No ___ What branch of the military did you enlist? _____

PREVIOUS EMPLOYMENT (starting with the most recent)

Dates Employed	Employer Name and Address	Employer Telephone	Name of Supervisor	Job Title and Pay Rate	Reason for Leaving
FROM: TO:					
FROM: TO:					
FROM: TO:					

If presently employed, may we contact your employer? Yes ___ No ___

REFERENCES (Please provide 3 personal and professional references (not related to you))

Name	Address	Business	Years Known	Phone #

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

DATE _____ SIGNATURE _____



BACKGROUND CHECK RELEASE AND AUTHORIZATION FORM

Please type or print legibly name as it appears on your driver's license.

Last Name: _____ First Name: _____ MI: _____

Current Home Address: _____ From: _____ To: _____

City, State, Zip: _____ County: _____

Please list other names used and dates of name change in the last ten years:

Full Name: _____ Date: _____

Full Name: _____ Date: _____

Date of Birth: _____ SSN#: _____ Sex (M/F): _____

Have you ever been convicted of a criminal offense (Yes/No)? _____

If yes, please provide details of all convictions and locations of all convictions (A yes answer will not necessarily disqualify you from employment).

Please list residences in the last 7 years:

1. _____ To: _____ From: _____

2. _____ To: _____ From: _____

3. _____ To: _____ From: _____

DISCLOSURE: A CONSUMER REPORT MAYBE PROCURED FOR EMPLOYMENT PURPOSES.

In accordance with Fair Credit Reporting Act, a consumer report or investigation consumer report including information about your reputation, character, or personal characteristics maybe obtained. Upon written request, you will be provided with information regarding the nature and scope of the report, should it include information about your general reputation, character, or personal characteristics and a summary of your rights.

RELEASE AND AUTHORIZATION

I voluntary and knowingly authorize for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, consumer reporting agency, private business, military branch or the National Personnel records center, personnel references, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, earning history and employment records, workers compensation claims, general reputation, character, or any other information requested to **Hassayampa Inn** and/or it's agents or representatives. I voluntarily and knowingly unconditionally release and named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original. In compliance with The 1990 Americans with Disabilities Act, a worker compensation search may only be requested when conditional job exists.

Signature: _____ Date: _____