

Days Inn Campton
1513 Us Route 3
Campton, NH 03223

Employment Application
An Equal Opportunity Employer

PLEASE PRINT CLEARLY

Date: _____

Name _____
FIRST LAST

Present Address _____ Phone _____
NO. STREET

CITY STATE ZIP Second Phone _____

Position(s) applied for _____

Seeking: ___ Full Time ___ Part Time ___ Per Diem _____ Hours per Week

Available to Work: ___ Days ___ Evenings ___ Nights ___ Weekends ___ Holidays

Days and Times Available: _____ Date Available to Start: _____

Foreign languages you speak fluently: _____ Read: _____ Write: _____

Are you at least 18 years old? _____ How did you hear about this position? _____

Have you ever worked for a hotel or mote? ___ Yes ___ No Where? _____ When? _____

Have you legal permission to work in the United States? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No If yes, please explain: _____

EMPLOYMENT HISTORY

LIST OF EMPLOYERS WITH MOST CURRENT LISTED FIRST

1. MO/DAY/YR STARTED	EMPLOYER'S NAME	TEL # w/ Area Code	SUPERVISOR'S NAME
MO/DAY/YR ENDED	STREET	CITY/STATE	FINAL ANNUAL WAGE \$
DEPT/TITLE/DUTIES			AVG HRS WORKED/WEEK
REASON FOR LEAVING:			
2. MO/DAY/YR STARTED	EMPLOYER'S NAME	TEL # w/ Area Code	SUPERVISOR'S NAME
MO/DAY/YR ENDED	STREET	CITY/STATE	FINAL ANNUAL WAGE \$
DEPT/TITLE/DUTIES			AVG HRS WORKED/WEEK
REASON FOR LEAVING:			
3. MO/DAY/YR STARTED	EMPLOYER'S NAME	TEL # w/ Area Code	SUPERVISOR'S NAME
MO/DAY/YR ENDED	STREET	CITY/STATE	FINAL ANNUAL WAGE \$
DEPT/TITLE/DUTIES			AVG HRS WORKED/WEEK
REASON FOR LEAVING:			
4. MO/DAY/YR STARTED	EMPLOYER'S NAME	TEL # w/ Area Code	SUPERVISOR'S NAME
MO/DAY/YR ENDED	STREET	CITY/STATE	FINAL ANNUAL WAGE \$
DEPT/TITLE/DUTIES			AVG HRS WORKED/WEEK
REASON FOR LEAVING:			

Under what other names have you been employed? _____

Have you worked at any other jobs in the past 10 years? ___ Yes ___ No

EDUCATION

	SCHOOL	MAJOR	Years Completed	Degree	Year Graduated
Elementary	Name:		5 6 7 8		
	Address:				
	City/State/Zip				
High School	Name:		9 10 11 12		
	Address:				
	City/State/Zip				
College	Name:		1 2 3 4		
	Address:				
	City/State/Zip				
Other (Specify)	Name:				
	Address:				
	City/State/Zip				

Under what other name did you attend school? _____

PROFESSIONAL LICENSE, REGISTRATION OR CERTIFICATION

Professional Licenses Held: _____ States where licensed: _____
New Hampshire License # _____ Temporary Permit: _____
Have you a current, valid NH Drivers License? (If required for the job)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify) Certifications: _____ Expiration Date: _____

MILITARY EXPERIENCE

(To be completed if you have had service in the U.S. Armed Forces)

Branch of Service	Supervisor	Length of Service
Last Assignment/Address		
Final Rank/Title:		Final Wage \$
Duties:		

REFERENCES (Professional/Business)

Name	Title	Relationship
Company	Address	Phone #
Name	Title	Relationship
Company	Address	Phone #
Name	Title	Relationship
Company	Address	Phone #

May we contact your current employer? YES NO

READ CAREFULLY BEFORE SIGNING: I certify that the statements contained on this application are true. I understand that false or misleading statements on this application, any resume or during any interview may be grounds for immediate disqualification or dismissal. I agree that a thorough investigation of my background may be made and I authorize my former employers and other persons or organizations to provide any information they have about my background and I release all concerned from any liability in connection therewith. I understand that if offered a position, I will be required to submit employment eligibility proof (I-9) and pass a criminal background check. I understand that I may be required to pass a physical examination to determine my ability to perform the essential functions of the position. I further understand that employment may be terminated at will. If hired, I agree to be bound by all policies, rules and regulations of my employer. This application for employment will be considered active for a period of six months.

SIGNATURE OF APPLICANT

DATE