



1700 Benjamin Franklin Parkway
Philadelphia, PA 19103
☎ 215-981-5678
📠 215-981-5630
www.thewindsorsuites.com



EMPLOYMENT APPLICATION FORM



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Position Applied For:

Date Completed:

PERSONAL INFORMATION

Name:

SSN:

Full Address:

Are you 18 years of age or older: YES or NO

If hired, can you provide written evidence that you are

Tel No.:

Mobile:

authorized to work in the U.S.: YES or NO

EDUCATION

TYPE	NAME/LOCATION	COURSE	YEARS COMPLETED/DEGREE
High School			
College			
Technical/Other			

Type of Work Desired:

Salary Desired:

Do You Have Any Relatives Who are Employed by this Organization: YES or NO

Please Specify:

Have You Ever Been Convicted of a Felony: YES or NO

If Yes, Provide the Nature of the Conviction and the Date:

(References will be applied for, unless otherwise stated.)

1) PRESENT OR LAST EMPLOYER:

Company Name

Address:

Position:

Rate of pay:

Employed from:

Employed to:

Reason for leaving:

2) PREVIOUS EMPLOYER:

Company Name

Address:

Position:

Rate of pay:

Employed from:

Employed to:

Reason for leaving:

3) PREVIOUS EMPLOYER:

Company Name

Address:

Position:

Rate of pay:

Employed from:

Employed to:

Reason for leaving:

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

U.S. MILITARY SERVICE

Branch of Service:

Dates of Service:

Rank & Type of Service:

Training/Experience Received:

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 60 days; after that time; if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date of commencement:

Position:

Rate of Pay:

References

1) SENT

2) SENT

3) SENT

(Per. Hour / Weekly / 4 Weekly / Monthly)

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INTERVIEWERS NAME:

SIGNATURE:

DATE: