

APPLICATION FOR EMPLOYMENT

Historic Green Park, LLC (d/b/a Green Park Inn) is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

Date / /

Employment Desired

Position	Date You Can Start	Salary Desired	Type of Employment Full-time <input type="checkbox"/> Summer <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
Are you employed now? YES <input type="checkbox"/> NO <input type="checkbox"/> If so may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever applied to this company before? YES <input type="checkbox"/> NO <input type="checkbox"/>		Where?	When?

Personal Information

Last Name	First Name	Middle Name
Address (number, Street, City, State, Zip Code)		
Home Telephone #	Alternate Tel. #	Are you 18 years or older?
Emergency Contact Name, Relationship & Contact:		

Education

High School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>
College Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did you graduate Yes <input type="checkbox"/> No <input type="checkbox"/>

General

Indicate Special Training or Experience Related to Position for Which You Are Applying:

Office / Admin Application

Skill / Aptitude	Yrs Experience	Software Used	Beginner, Intermediate, Advanced
MS Office, etc.			
Financial			
PMS / POS			

Employment History (List Present or Most Recent Positions First)

Name of Employer	Address (Number, Street, City, State, Zip Code)		
Phone	Type of Business	Department	Your Position
Duties			
Name and Position of Immediate Supervisor			
Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
Reason for Leaving			

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

State any additional information you feel may be helpful to us in considering your application.

Other Experience

In this section list any job experience not listed above that most directly relates to the job for which you are applying

Name of Employer		Address (Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)	Starting Salary	Final Salary
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Reason for Leaving

I certify that the information provided is true and correct. Signature _____

Print _____

Date _____