



EMPLOYMENT APPLICATION

ALL PERSONS SHALL HAVE THE OPPORTUNITY TO BE CONSIDERED FOR EMPLOYMENT WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, NATIONAL ORIGIN OR ANCESTRY, AGE, PAST OR PRESENT DISABILITY, SEX OR ANY OTHER CHARACTERISTIC PROTECTED BY THE APPLICABLE STATE AND FEDERAL LAWS.

POSITION APPLYING FOR _____

DATE OF APPLICATION _____

PERSONAL INFORMATION

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NO.						
HOME ADDRESS		CITY	STATE	ZIP					
HOME TELEPHONE	CELL OR BUSINESS TELEPHONE	MAY WE CONTACT YOU AT WORK?							
		YES NO							
DATE AVAILABLE: _____	DAYS AND HOURS AVAIL.	DAY	M	T	W	T	F	S	S
ARE YOU INTERESTED IN?		FROM							
____ FULL-TIME ____ PART-TIME ____ TEMPORARY ____ SUMMER		TO							
IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE STATE YOUR DATE OF BIRTH _____		HOW WERE YOU REFERRED TO CHIMNEY ROCK INN? _____							

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE:	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____
SPECIAL TRAINING AND/OR SKILLS: _____

EMPLOYMENT HISTORY

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY OR WAGES	REASON FOR LEAVING
FROM _____ TO _____		JOB TITLE _____ SUPERVISOR _____		STARTING _____ FINAL _____	
FROM _____ TO _____		JOB TITLE _____ SUPERVISOR _____		STARTING _____ FINAL _____	
FROM _____ TO _____		JOB TITLE _____ SUPERVISOR _____		STARTING _____ FINAL _____	

REFERENCES

BUSINESS REFERENCES: (DO NOT LIST RELATIVES)(PLEASE INDICATE IF YOU WERE EMPLOYED UNDER A DIFFERENT NAME)

NAME	ADDRESS	WORK PHONE #	TITLE	YEARS KNOWN
		() -		
		() -		
		() -		

LEGAL

ARE YOU A U.S. CITIZEN OR DO YOU HAVE A LEGAL RIGHT & NECESSARY DOCUMENTS TO WORK IN THE U.S.? YES OR NO (IDENTITY AND EMPLOYMENT ELIGIBILITY OF ALL NEW HIRES WILL BE VERIFIED AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.)

WERE YOU EVER DISCHARGED BY ANY COMPANY? YES OR NO IF YES, GIVE NAMES OF COMPANY(IES) _____

REASON FOR DISCHARGE _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? THE EXISTENCE OF A CRIMINAL RECORD WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM THE JOB FOR WHICH YOU ARE APPLYING. YES OR NO IF YES, PLEASE EXPLAIN OFFENSE AND FINAL DISPOSITION : _____

AUTHORIZATION

I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS ASKED IN THIS APPLICATION. I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE AND UNDERSTAND THAT THE OMISSION AND/OR MISREPRESENTATION OF ANY FACT FROM THIS APPLICATION OR DURING ANY INTERVIEW WILL BE CAUSE FOR IMMEDIATE DISMISSAL. I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED ABOUT MARYLAND LIE DETECTOR LAW. I HEREBY AUTHORIZE THE COMPANY TO OBTAIN REFERENCE INFORMATION ABOUT ME AND RELEASE ALL PERSONS FROM LIABILITY FOR DOING SO.

IF HIRED, I AGREE TO ABIDE BY ALL OF THE COMPANY RULES AND REGULATIONS AND UNDERSTAND THAT, IF EMPLOYED; MY EMPLOYMENT MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANYTIME, AT THE OPTION OF EITHER THE COMPANY OR ME. I FURTHER UNDERSTAND THAT NO REPRESENTATION, WEATHER ORAL OR WRITTEN, BY ANY REPRESENTATIVE OR AGENT OF THE COMPANY, AT ANYTIME, CAN CONSTITUTE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT THE COMPANY AND ALL PLAN ADMINISTRATORS SHALL HAVE THE MAXIMUM DISCRETION PERMITTED BY LAW TO ADMINISTER, INTERPRET, MODIFY, DISCONTINUE, ENHANCE OR OTHERWISE CHANGE ALL POLICES, PROCEDURES, BENEFITS OR ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY CHANGE IN ANY POLICY. PROCEDURE, BENEFIT OR OTHER TERM OR CONDITION OF EMPLOYMENT OTHER THAN IN A DOCUMENT SIGNED BY ALAN FRANK, PRESIDENT AND ME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE

SIGNATURE OF APPLICANT