



# APPLICATION FOR EMPLOYMENT

Please print in ink. If more space is needed, please continue on a separate piece of paper or a resume may be attached. If a question does not apply, write "N/A." Stoney Creek Hospitality is an Equal Opportunity Employer and does not discriminate on the basis of age, sex, race or color, national origin, religion, or disability.

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_  
 LAST FIRST M.I.

ADDRESS \_\_\_\_\_  
 STREET CITY STATE ZIP CODE

TELEPHONE (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

ARE YOU 18 YEARS OR OLDER?  YES  NO DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S.?  YES  NO

ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH STONEY CREEK?  YES  NO

IF YES, WHO AND WHERE DO THEY WORK: \_\_\_\_\_

## EMPLOYMENT DESIRED

DATE I CAN START \_\_\_\_\_ PAY RATE DESIRED \_\_\_\_\_ POSITION DESIRED \_\_\_\_\_

## AVAILABILITY

ARE YOU AVAILABLE FOR: NIGHT SHIFT \_\_\_\_\_ WEEKENDS \_\_\_\_\_ OVERTIME \_\_\_\_\_ TRANSFERS \_\_\_\_\_

Please indicate your availability:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM	_____	_____	_____	_____	_____	_____	_____
PM	_____	_____	_____	_____	_____	_____	_____

## EDUCATION

NAME AND LOCATION

DIPLOMA /DEGREE RECEIVED

HIGH SCHOOL		
COLLEGE		
ADVANCED DEGREE, TRADE, OR OTHER		

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_

BRANCH/RANK \_\_\_\_\_

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**SKILLS & QUALIFICATIONS**ADDITIONAL TRAINING & SKILLS (include any that relate to the functions of the position that you are applying for) \_\_\_\_\_  
\_\_\_\_\_LICENSES, CERTIFICATES, PROFESSIONAL MEMBERSHIPS (Exclude organizations, name or character that indicates the race, age, ethnic origin, religious/political persuasion or affiliation) \_\_\_\_\_  
\_\_\_\_\_PERSONAL AND/OR CAREER GOALS \_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT HISTORY** (LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT FIRST)ARE YOU PRESENTLY EMPLOYED?  YES  NO REASON FOR WANTING NEW JOB \_\_\_\_\_

CURRENT OR MOST RECENT EMPLOYER \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Employment

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

POSITION \_\_\_\_\_ PAY RATE \_\_\_\_\_ CAN PRESENT EMPLOYER BE CONTACTED?  YES  NO

RESPONSIBILITIES/SKILLS \_\_\_\_\_

NAME AND PHONE NUMBER OF YOUR SUPERVISOR(S) \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_  
EMPLOYER NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

POSITION \_\_\_\_\_ PAY RATE \_\_\_\_\_

RESPONSIBILITIES/SKILLS \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_  
EMPLOYER NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

POSITION \_\_\_\_\_ PAY RATE \_\_\_\_\_

RESPONSIBILITIES/SKILLS \_\_\_\_\_

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I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSIFIED STATEMENTS, OMISSIONS, OR MISREPRESENTATIONS IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT, WHETHER ON THIS DOCUMENT OR NOT, MAY BE CAUSE FOR REJECTION OF MY APPLICATION OR DISCIPLINE UP TO AND INCLUDING IMMEDIATE DISCHARGE, AT ANY TIME THEREAFTER, SHOULD I BE HIRED.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS AT WILL, FOR NO DEFINITE PERIOD, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF WAGES, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE. THE TERMS AND CONDITIONS OF EMPLOYMENT MAY BE CHANGED AT ANY TIME WITHOUT NOTICE BY THE COMPANY. ACCEPTANCE OF EMPLOYMENT INDICATES A WILLINGNESS TO ABIDE BY ALL COMPANY RULES AND POLICES.

THIS APPLICATION FOR EMPLOYMENT IS GOOD FOR 30 DAYS ONLY. CONSIDERATION AFTER 30 DAYS REQUIRES A NEW APPLICATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_