

Application for Employment

NAME - LAST	FIRST	MIDDLE	DATE
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ADDRESS _____

CITY/STATE/ZIP CODE	TELEPHONE NO.	EMAIL ADDRESS
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What prompted you to apply to us? Advertisement Sign Employee referral Other _____

Position desired _____ Wage or salary expected _____ Date available to start work _____

Schedule preferred: Full time Part time Days Evenings
 If part time, indicate hours/days available _____

If you are not a citizen of the United States of America, do you have documentation that allows you to work in this country? Yes No

Have you previously worked for us? Yes No If so, when? _____ Position title _____

Are any of your relatives employed at this property? Yes No If yes, names _____

Do you expect to have other employment if hired? Yes No If yes, explain _____

If you are applying for a position which requires serving liquor, please respond to the following.

Are you over the age of 18? Yes No If hired, can you furnish proof of age? Yes No

EDUCATIONAL DATA

Name and Location of School	List Diploma or Degree	Circle Last Year Completed	Major or Principal Courses Studied
High School		1 2 3 4	
College or University		1 2 3 4	
Graduate School, Trade, Business, Correspondence, Night School		1 2 3 4	

Scholastic honors, extracurricular activities: _____

What machines or office equipment can you operate? _____

List any experience, skills or interests that would be helpful on the job _____

FOR PERSONNEL DEPARTMENT USE

Disposition: Hired Not hired Hold for future Date employed _____ Starting rate _____ Per _____

Position title _____ Department _____

Department Head signature _____ Personnel Director signature _____

EMPLOYMENT DATA

Please list all employment starting with present or most recent employment. Under comments, give reasons for any gaps in employment. Use additional sheets if necessary.

COMPANY NAME ADDRESS	TELEPHONE NUMBER
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IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	STARTING RATE
YOUR JOB TITLE AND DUTIES	DATE LEFT	LAST RATE

REASON FOR LEAVING	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMPANY NAME ADDRESS	TELEPHONE NUMBER
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IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	STARTING RATE
YOUR JOB TITLE AND DUTIES	DATE LEFT	LAST RATE

REASON FOR LEAVING	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMPANY NAME ADDRESS	TELEPHONE NUMBER
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IMMEDIATE SUPERVISOR (NAME AND POSITION)	DATE HIRED	STARTING RATE
YOUR JOB TITLE AND DUTIES	DATE LEFT	LAST RATE

REASON FOR LEAVING	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Comments: _____

Please list any other name under which you have been employed, and the relevant employer: _____

REFERENCES

LIST THREE PERSONS WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES (OTHER THAN RELATIVES)

Name	Address	Telephone	Occupation
1.			
2.			
3.			

I certify that the information on this Application for Employment is correct and complete. I understand that LM Services may obtain information from any law enforcement agency, any credit reporting agency or any other company, individual or agency concerning my personal background or history. I hereby release said companies or persons from all liability for any damage related to the issuance of this information. I understand that if any information I have provided to LM Services during the employment process, or at any time during my employment, conflicts with any information obtained by LM Services, I will be subject to termination when so discovered. I further understand that my employment can be terminated at any time at the option of either LM Services or myself.

I agree to abide by all rules of the Company. Company policy prohibits the abuse of alcohol and drugs, as well as the use of, or trafficking in illegal drugs. I understand that at any time during my employment, I may be subject to drug and alcohol testing; any positive test results will be cause for immediate disciplinary action up to and including termination of employment.

Signature _____ Date _____