



APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE. The Osthoff Resort is an Equal Opportunity Employer

Last Name

First Name

Middle Name

PERSONAL INFORMATION

Name _____
LAST, FIRST, MIDDLE INITIAL _____ OTHER LAST NAME USED (IF ANY) _____

Present Address _____
STREET _____ CITY _____ STATE _____ ZIP CODE _____

Permanent Address _____
STREET _____ CITY _____ STATE _____ ZIP CODE _____

Home Phone Number _____ Cell _____ Are you 18 Years or Older? YES NO

Email Address _____

EMPLOYMENT DESIRED

Position(s) Applying For _____ Date You Can Start _____ Wage/Salary Desired \$ _____

Have you Ever Worked at The Osthoff Resort Before? YES NO If Yes, What Department? _____ Dates: _____

Day Availability (MARK ALL THAT APPLY) MON TUE WED THU FRI SAT SUN

Time of Day Available (MARK ALL THAT APPLY) Morning Afternoon Evening

Type of Position Desired Full Time Part Time Seasonal/Temporary - Dates: _____ to _____

Referred By? (Employee's Name, Newspaper Name, Internet Site, etc.) _____

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. ** Yes No

Have you ever been convicted of a felony? ** Yes No If Yes, Please Explain: _____

** THESE QUESTIONS MUST BE ANSWERED IN ORDER TO BE CONSIDERED FOR EMPLOYMENT

EDUCATION	Name and Location of School	Number of Years Attended	Did You Graduate	Subjects Studied
Grammar School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
High School or GED			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Trade, Business, or Correspondence School			<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL

Job Related Training Courses, Job Related Skills, Job Related Certificate(s) and License(s), or Special Remarks: _____



MILITARY EXPERIENCEU.S. Armed Forces YES NO

Branch of Service	Years of Active Duty	Date of Separation from Active Duty	Rank

FORMER EMPLOYERS (LIST BELOW THE LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)

Date Month and Year	Name and Address of Employer	Phone Number	Salary	Position Title	Duties and Responsibilities	Reason for Leaving
From:						
To:		May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				
From:						
To:		May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				
From:						
To:		May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				
From:						
To:		May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Please explain any gaps in employment _____

Which of these jobs did you like the best, Why? _____

What did you like most about the job, Why? _____

REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

Name	Phone Number	Relationship	Years Acquainted
1.			
2.			
3.			

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my applications may be rejected and, if I am employed, my employment may be terminated at any time.

Applicant Signature _____ Date: _____

