

APPLICATION FOR EMPLOYMENT



THE FARMINGTON INN

827 FARMINGTON AVENUE
FARMINGTON, CT 06032

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED
PLEASE PRINT

HR USE ONLY

Applicant No. _____
Employee No. _____
Company No. _____
Location: _____
Date Employed: _____

Documents Received:

- Resume
- Reference Checks
- Interview Record
- Payroll/Status Change Notice
- Employee Record Card

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date _____

Name _____ Social Security No. _____
First Middle Last

Present Address _____
No. Street City State Zip

Previous Address _____
No. Street City State Zip

Telephone Number: (____) _____ Email Address: _____

Do you have a legal right to be employed in the United States? Yes (proof required) No

Are you over the age of 18? Yes No

COMPANY EXPERIENCE

Have you worked for this company before? _____ Dates: From _____ To _____
Month/Year Month/Year

Where? _____ Rate of Pay _____ Position _____

Reason for leaving _____

GENERAL

Are you currently employed? _____ If not, when was your last day employed? _____

Position applying for _____ Full Time Part Time Temporary Seasonal

Who referred you? _____ Rate of pay expected _____

EDUCATIONAL BACKGROUND			
Type of School	Name and City	Did you Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

1

Company Name	Dates Worked		Position(s) Held	
Address, City, State, Zip	From	To		
Phone No. ()	Duties/ Responsibilities			
Type of Business				
Name of Supervisor	Reason for Leaving			
Base Starting Wage	per Hour	Ending/Current	per Hour	per Hour
Gross	per		per	per
Income \$	per Year	\$	per Year	per Year
			Bonus	Amount Received
			Incentives	\$
				Work Hours:

2

Company Name	Dates Worked		Position(s) Held	
Address, City, State, Zip	From	To		
Phone No. ()	Duties/ Responsibilities			
Type of Business				
Name of Supervisor	Reason for Leaving			
Base Starting Wage	per Hour	Ending/Current	per Hour	per Hour
Gross	per		per	per
Income \$	per Year	\$	per Year	per Year
			Bonus	Amount Received
			Incentives	\$
				Work Hours:

3

Company Name	Dates Worked		Position(s) Held	
Address, City, State, Zip	From	To		
Phone No. ()	Duties/ Responsibilities			
Type of Business				
Name of Supervisor	Reason for Leaving			

Base Starting Wage	<input type="checkbox"/> Hour	Ending/Current	<input type="checkbox"/> Hour	<input type="checkbox"/> Bonus	Amount Received	Work Hours:
Gross	per		per			
Income \$	<input type="checkbox"/> Year	\$	<input type="checkbox"/> Year	<input type="checkbox"/> Incentives	\$	

WORK REFERENCES

Name	Years Known	Relationship and Title		
Company				
Work Address	City	State	Home Phone	Work Phone

Name	Years Known	Relationship and Title		
Company				
Work Address	City	State	Home Phone	Work Phone

Name	Years Known	Relationship and Title		
Company				
Work Address	City	State	Home Phone	Work Phone

Name	Years Known	Relationship and Title		
Company				
Work Address	City	State	Home Phone	Work Phone

PROFESSIONAL SKILLS

Please check the skills for which you have received training:

Word Processing (WPM _____) Data Entry 10- Key Calculator

Software Packages: _____

Programming Languages: _____

Database: _____

Manufacturing Equipment: _____

Other: _____

APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejections or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature

Date



THE FARMINGTON INN

REFERENCE DISCLOSURE AUTHORIZATION FORM

I hereby authorize any individual, current or former employer, educational institution, or military branch listed in my application and/or resume to disclose in good faith to The Farmington Inn or its representatives, orally or in writing, information relating to my fitness for employment, including, but not limited to: job performance, reasons for termination, salary, job duties, eligibility to rehire, work habits, disciplinary actions, training, education, experience, knowledge, skills, qualifications, professional conduct, evaluation information, and attitude. Furthermore, I give Farmington Inn the right to secure additional information about me including but not limited to a Police Record's report. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for providing such disclosures and for any consequences that may occur as a result of those disclosures.

Print Name

Signature

Date