

SAGE AND SAND MOTELEMPLOYMENT APPLICATION

311 S FIRST STREET, SARATOGA, WYOMING

FAX: 303-420-4845 VOICE: 307-326-8339

PERSONAL INFORMATION

NAME _____

PRESENT ADDRESS _____

PERMANENT ADDRESS _____

PHONE NUMBER _____ SOCIAL SECURITY # _____

BIRTHDATE _____

EMERGENCY CONTACT _____

ADDRESS _____

EMERGENCY PHONE _____

EDUCATION

GRAMMAR SCHOOL _____ #YEARS _____ GRADUATE _____ SUBJECTS _____

HIGH SCHOOL _____ #YEARS _____ GRADUATE _____ SUBJECTS _____

COLLEGE _____ #YEARS _____ GRADUATE _____ SUBJECTS _____

TRADE OF BUSINESS _____ #YEARS _____ GRADUATE _____ SUBJECTS _____

DESIRED POSITION

POSITION WHEN CAN YOU START? SALARY EXPECTED

ARE YOU EMPLOYED NOW? CAN WE CONTACT YOUR PRESENT EMPLOYER?

REASON FOR LEAVING LAST EMPLOYMENT

NAME OF SUPERVISOR

HAVE YOU WORKED HERE BEFORE?

SPECIAL SKILLS

SPECIAL TRAINING

SERVICE RECORD IF APPLICABLE

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 5 YEARS?

ARE YOU A LEGAL CITIZEN OF THE UNITED STATES?

WHO REFERRED YOU TO US?

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FAX: 303-420-4845 VOICE: 307-326-8339

FORMER EMPLOYERS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ START DATE _____ -STOP DATE _____

JOB TITLE _____ SALARY _____

MAY WE CONTACT THIS COMPANY?

DESCRIPTION OF WORK

REASON FOR LEAVING

FORMER EMPLOYERS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ START DATE _____ -STOP DATE _____

JOB TITLE _____ SALARY _____

MAY WE CONTACT THIS COMPANY?

DESCRIPTION OF WORK

REASON FOR LEAVING

FORMER EMPLOYERS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ START DATE _____ -STOP DATE _____

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MAY WE CONTACT THIS COMPANY?

DESCRIPTION OF WORK

REASON FOR LEAVING

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REFERENCES

- | | | | |
|---------|---------|----------|-------------|
| 1) NAME | ADDRESS | BUSINESS | YEARS KNOWN |
| 2) NAME | ADDRESS | BUSINESS | YEARS KNOWN |
| 3) NAME | ADDRESS | BUSINESS | YEARS KNOWN |

USE THIS SPACE FOR ADDITIONAL INFO

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT FALSE STATEMENTS ON THIS APPLICATION MAY BE CAUSE FOR DISMISSAL.

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AT THE DISCRETION OF THE EMPLOYER UNLESS OTHERWISE AGREED AND NOTED ON THESE PAGES.

DATE _____ SIGNATURE _____