



THE HERMITAGE HOTEL
NASHVILLE

APPLICATION FOR EMPLOYMENT

If you have difficulty completing this application, please ask for assistance

◆ PERSONAL DATA

PLEASE PRINT LEGIBLY. COMPLETE ALL APPLICABLE ITEMS. USE INK ONLY.

DATE: _____

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____
(NUMBER) (STREET) (APT) (CITY) (STATE) (ZIP)

PERMANENT ADDRESS: _____
(NUMBER) (STREET) (APT) (CITY) (STATE) (ZIP)

PHONE: _____ ALTERNATE PHONE: _____ EMAIL: _____

Are you a U.S. Citizen or do you have the legal right to work in the U.S.? Yes No
Are you at least 18 years of age: Yes No
(you must be at least 18 to be eligible for employment here)

If hired, can you furnish proof that you are eligible to work in the U.S.? Yes No

Do you have a current driver's license? Yes No If yes, list state and license number: _____

Have you ever been convicted or plead guilty to (or no contest to) a crime of any kind? Yes No If yes, please explain: _____

◆ JOB PREFERENCE

Type of employment desired: Full Time Part Time Seasonal/Temporary, Dates _____

Are you applying for a specific position? Yes No If so, which one? _____

Do you have any limitations which would prevent you from performing the essential functions of the job for which you are applying? Yes No

Do you understand that you are subject to a post-offer physical screening/evaluation? Yes No

Please circle the days you are able to work: S M T W T F S

Are you willing to work any hours? Yes No If no, specify hours desired: _____ Are you willing to work weekends/holidays? Yes No

When would you be available to work? _____ Have you ever worked for The Hermitage Hotel? Yes No

If yes, please state when _____

How did you hear about The Hermitage Hotel? _____ Were you recommended by a friend? Yes No Name: _____

◆ EDUCATION

	Dates attended		Circle highest grade completed	Graduated?	Name and location of school
	From	To			
High School			1 2 3 4	Yes No	
College/University			1 2 3 4	Yes No	
Vo-Tech/Business School			1 2	Yes No	

Military Branch _____

Are you currently attending school? Yes No Hours per week: _____

Do you plan to return to school? Yes No If yes, when? _____

◆ ADDITIONAL DATA

List any professional certifications you may have _____

◆ EMPLOYMENT HISTORY

STARTING WITH PRESENT OR MOST RECENT EMPLOYER LIST PREVIOUS EMPLOYMENT FOR THE LAST FIVE YEARS. DO NOT OMIT ANY EMPLOYMENT. ATTACH ADDITIONAL PAGES IF NECESSARY.

EMPLOYER _____ Position Held _____
Address _____ Supervisor _____
City/State/Zip _____ Rate of Pay _____
Telephone _____ Dates _____ to _____ Reason for Leaving (if discharged, please explain in detail) _____

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Telephone _____ Dates _____ to _____ Reason for Leaving (if discharged, please explain in detail) _____

May we contact all employers listed above: [] Yes [] No If No, explain: _____
Have you ever been discharged or asked to resign from a job? [] Yes [] No

If yes, explain: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for immediate dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the day of payment of my wages and salary, be terminated at any time without any previous notice. Any job offer is contingent upon results of drug testing within specified time period. I understand that my eligibility to legally work in the United States must be verified at the time of employment.

Sign: _____ Date: _____