



LAFAYETTE PARK
HOTEL & SPA

EMPLOYMENT APPLICATION

Lafayette Park Hotel & Spa is an Equal Opportunity Employer dedicated to non-discrimination in employment

Applicant Information

Name (Last, First, M.):		Other Names Used:	
Present address:			
City:	State:	ZIP Code:	
Telephone No.:		Referred By:	
E-mail Address:			

Employment Information

Position Desired:		Available Start Date:	
Desired Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Desired Shift: <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Overnight	
Availability: <input type="checkbox"/> All Days <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Have you applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
Hourly Salary (Please circle)		Desired pay for this position:	

Work Experience

List most recent employer first

Employer:			Position Held:	
Address:	City:	State:	ZIP Code:	Phone:
Start Date (Month/Year):		End Date (Month/ Year)		
Supervisor:				
Reason for Leaving:				

Employer:			Position Held:	
Address:	City:	State:	ZIP Code:	Phone:
Start Date (Month/Year):		End Date (Month/ Year)		
Supervisor:				
Reason for Leaving:				

Employer:			Position Held:	
Address:	City:	State:	ZIP Code:	Phone:
Start Date (Month/Year):		End Date (Month/ Year)		
Supervisor:				
Reason for Leaving:				

Education

Type of School	Name	City, State	Years Completed	Major Field of Study	Did you Graduate?
Grade School or High School					
College					
Trade, Business, or Correspondence					
Other					

Special Skills?

Miscellaneous

If hired, can you provide documentation of your legal right to work in the U.S.? Yes No

If you wish to be considered for any position involving the handling or service of alcoholic beverages, do you meet the legal age requirement to handle or serve alcoholic beverages? Yes No

Can you perform the essential functions of the job applied for, with or without reasonable accommodation? Yes No
 If no, describe the accommodation you may need:

References

Name	Job Title	Company Name/City	Relationship	Phone

**Please read the following statements carefully before signing this application.
 Only those applications signed and dated are considered valid.**

I certify that all answers or statements I have made on this application or on my resume or other supplementary materials are true and correct without omissions. I understand that any omission or falsification of this document and/or attached resume in any detail is grounds for dismissal from employment in accordance with company policy. I hereby authorize the company to thoroughly investigate, validate, and use for purposes related to my employment, the information contained in this application, my references, work and education record, and other matters related to my suitability for employment, and further, authorize my references to disclose to the company any and all letters, reports and other information related to my work and education records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons and associations from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation and disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Signature of applicant:	Date:
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