

EMPLOYMENT APPLICATION

Monterey Plaza Hotel & Spa Human Resources Office 400 Cannery Row, Monterey, CA 93940 (831) 646-1700 Fax (831) 655-8253

Paper applications accepted 1pm to 4pm Monday through Friday

Monterey Plaza Hotel & Spa is an Equal Opportunity Employer dedicated to a policy of complying with all applicable state and federal laws prohibiting discrimination in employment based on race, creed, national origin, sex, marital status, age, disability, or any other protected classification. Monterey Plaza Hotel & Spa requires all applicants to personally complete an application for employment. Please advise a Human Resources staff member if you have difficulty in meeting this requirement.

PERSONAL INF	FORMATION: (Please print clearly in blue o	or black ink)	
Name:				
	Last	First	1	Aiddle
Address:				
	Street	City	St	ate/Zip
Telephone:				
	Ноте		Ce	11
Email:				
EMPLOYMENT	INFORMATIO	ON:		
After employment, y work in US?	ou are able to subr	nit verification of yo		l Yes □ No
Position(s) Desired:				
First date you would	d be available to sta	urt work:		
You are available	☐ Full-Time	☐ Part-Time	☐ Temporary	□ On-Call
for work:	☐ Evenings	☐ Weekends	☐ Overtime	☐ Split Shifts
How you heard about us: ☐ Coast Weekly ☐ Employment Agence				-
			Please]	print name of agency
	☐ Relative	☐ Friend	□ Walk-in	☐ Website
	☐ Current Em	oloyee:		
		·	Please print name of current	employee

OTHER EMPLOYMENT INFORMATION:

Have you ever applied at this hotel before?	☐ Yes ☐ No	Year	Job			
Have you ever worked for this hotel before	? □ Yes □ No	Year	Job			
Do you have any relatives currently employed by Monterey Plaza Hotel & Spa:	? □ Yes □ No)				
If yes, who?	Vhat is their relations	ship to you?				
Have you ever used another name that we your employment experience and/or educa	to verify	☐ Yes	□ No			
If yes, please state all other names used and the dates you have used them:						
Can you provide proof that you meet the le to serve and handle alcoholic beverages if y	of 21 years	☐ Yes [□ No			
If required, can you show a current CA Foo		□ Yes [□ No			
Have you read the job description or have t explained to you?	he job been	□ Yes □	□ No			
If the position for which you are applying a you have a valid driver's license?	□ Yes [□ No				
License Number St	ate	Expiration I	Date	Class		

EDUCATION:

SCHOOL	NAME & LOCATION		CIRCL AR CO			MAJOR &/or DEGREE
High School		1	2	3	4	
College/University		1	2	3	4	
Trade/Vocational		1	2	3	4	

EMPLOYMENT EXPERIENCE & REFERENCES:

DIRECTIONS:

Begin with your present employer, or last job. Account for all periods of time, including military service and periods of unemployment, and the nature of your experience. Since we will be contacting your previous employers and professional references, please be sure to give complete and correct telephone numbers. The Employment Experience and Professional References section must be completed.

Resumes are not acceptable in lieu of completion of this form.

EMPLOYMENT EXPERIENCE & REFERENCES:

Employer		Dates En	nployed	Key Responsibilities:		
		From	То			
Location:						
	0	1				
Phone Number	Supervisors Name and T	itle:				
()						
Your Job Title:						
Reason for Leaving: Why:	☐ Resigned ☐ Laid Off ☐ Disc	harged				
Employer		Dates En	nployed	Key Responsibilities:		
		From	То			
Location:						
Phone Number	Supervisors Name and T	itle:				
()						
Your Job Title:						
Reason for Leaving: Resigned Laid Off Discharged Why:						
Employer		Dates En		Key Responsibilities:		
Τ		From	То			
Location:						
Phone Number	Supervisors Name and T	itle:	I			
()						
Your Job Title:						
Reason for Leaving: Why:	☐ Resigned ☐ Laid Off ☐ Disc	harged				

ADDITIONAL EMPLOYMENT REFERENCES:

Professional Reference	Telephone Number	How do you know this person?
Fiolessional Reference	/ \	this person:
	()	
	()	

SPECIAL SKILLS & TRAINING: (Check if applicable)								
□ Typing	WPN	M 🗆	MSWord	l 🗆 M	S Excel	□ PMS Syste	em 🗆 PC	OS System
Please list any other software or office equipment with which you are proficient:								
Describe any s	pecial jo	b related	skills (su	ch as spec	cialized t	raining or appr	enticeships):
List any currer	nt certifi	cations a	nd/or prof	essional l	icenses a	nd where regis	tered:	
Optional: Please indicate any language skills, other than English, that you speak or understand (answer only of relevant to the performance of the job you are seeking):								
LANGUAGE	REA Basic	DING Fluent	SPEAI Basic	KING Fluent	UNDE Basic	RSTANDING Fluent	WRI Basic	TING Fluent
	Dasie	Trucite	Dusie	Trucite	Dusic	Truciit	Dasie	Trucite
CERTIFICATIONS:								
APPLICANT:								
Please read the following and review the information you have provided very carefully before signing this application form.								
This is a very significant document. Please be sure that you have answered each item accurately and completely. Failure to do so may result in you not being considered for the position or in termination if inaccurate or omitted information is discovered after your employment had begun.								

Monterey Plaza Hotel & Spa will be conducting a post offer of employment investigation concerning the accuracy of the information.

Please	e read the following statements and initial nex	at to each statement.
	I hereby certify that I have personally comple given by me to the foregoing questions and sta material fact has been omitted. I understand to or any other employment form will be suffici- this application and not hire me; if discovered will be sufficient reason for dismissal from the regardless of the time that has elapsed before of	tements are true and complete and that no hat any false statements appearing on this ent reason to end further consideration of after my employment, such false statement e services of Monterey Plaza Hotel & Spa
	Post offer of employment, I authorize the contained use for purposes related to my employ application, my references, work and education suitability for employment, and further authorized and any and all letters, reports and ot education records, without giving me prior release the company, my former employers are any and all claims, demands or liabilities arise investigation and disclosure.	ment, the information contained in this on record, and other matters made to my horize my references to disclose to the her information related to my work and notice of such disclosure. In addition, I ad all other persons and associations from
	Post offer of employment, I request, authorized Investigative Consumer Report and understated my background, mode of living, character reputation. This authorization in original or of the date indicated next to my signature below I will be notified if employment is denied Consumer Reporting Agency. Additionally, days, I will be given a full and accurate disclainformation provided.	nd that it may contain information about r, personal characteristics and general opy format shall be valid for one year from a. According to the Fair Credit Reporting Act, because of information obtained from a I understand that if requested within 60
	I understand that filing this application in no Plaza Hotel & Spa, and that this application i of employment. I understand that if employe be terminated, with or without cause, and wit option of either Monterey Plaza Hotel & Spa other than the Vice President/General Managany authority to enter into any agreement for time, or to make any agreement contrary to the	s not, and is not intended to be, a contract d, my employment and compensation can h or without notice, at any time, and at the or myself. I further understand that no one er of the Monterey Plaza Hotel & Spa has r employment for any specified period of
	If employed by Monterey Plaza Hotel & Spa, procedures of Monterey Plaza Hotel & Spa, procedures that my become effective after employment may be continued employment may be contingent up examination, and such examination may in understand that Monterey Plaza Hotel & Spa during the time of my employment.	spa and subsequent rules, policies and bloyment. I understand that my initial and on the successful completion of a medical nelude drug and alcohol screening. I pa believes strongly in a drug-free work
	(Signature of Applicant)	(Date)