

# APPLICATION FOR EMPLOYMENT



AVON OLD FARMS HOTEL

279 AVON MOUNTAIN ROAD

P.O. BOX 1295

AVON, CT 06001

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 \_\_\_\_\_



**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			
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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.

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Applicant Signature

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Date



## AVON OLD FARMS HOTEL

### **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 Avon Old Farms Hotel 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 Avon Old Farms Hotel 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.

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Print Name

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Signature

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Date