



INNISFREE EMPLOYMENT APPLICATION

Innisfree Hotels provides equal employment opportunities (EEO) to all qualified team members and applicants without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, marital status, pregnancy or status as a covered veteran, or any other legally protected status.

APPLICANT INFORMATION

Date Received: _____

Name:

Date:

Address:

Phone:

E-mail:

Date Available:

Position(s) Applied For:

If you are under 18 years of age, can you provide required proof of eligibility to work?

yes no

If you are eligible to work in the U.S., can you provide required proof of eligibility to work?

yes no

Are you currently "laid off", subject to recall?

yes no

Previously filed an application with Innisfree Hotels? (full list of properties at innisfree.com)

yes no If so, when?

Have you ever worked for this company? (full list of properties at innisfree.com)

yes no If so, when and where?

Have you ever been convicted of a crime?

yes no If yes, please explain:

EDUCATION

	ADDRESS	DEGREE	DID YOU GRADUATE?
HIGH SCHOOL	<input type="text"/>	<input type="text"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
COLLEGE	<input type="text"/>	<input type="text"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
OTHER	<input type="text"/>	<input type="text"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

PREVIOUS EMPLOYMENT

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. TELEPHONE NUMBERS MUST BE PROVIDED, as references will be checked.

Company:	<input type="text"/>	Phone:	<input type="text"/>		
Supervisor:	<input type="text"/>	Job Title:	<input type="text"/>		
Starting Salary:	<input type="text"/>	Ending Salary:	<input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>		
Reason(s) for Leaving: <input type="text"/>					
May we contact your previous supervisor for a reference?		yes	<input type="checkbox"/>	no	<input type="checkbox"/>

Company:	<input type="text"/>	Phone:	<input type="text"/>		
Supervisor:	<input type="text"/>	Job Title:	<input type="text"/>		
Starting Salary:	<input type="text"/>	Ending Salary:	<input type="text"/>		
From:	<input type="text"/>	To:	<input type="text"/>		
Reason(s) for Leaving: <input type="text"/>					
May we contact your previous supervisor for a reference?		yes	<input type="checkbox"/>	no	<input type="checkbox"/>

SPECIAL SKILLS + QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment, education or other experience. Please include foreign language skills.

Have you had any job-related training in the U.S. military?	yes	<input type="checkbox"/>	no	<input type="checkbox"/>
If yes, please describe: <input type="text"/>				

AVAILABILITY

TIMES	MON.	TUES.	WED.	THUR.	FRI.	SAT.	SUN.
A.M							
P.M							

REFERENCES

Please provide name, address and telephone number of three references who are not related to you and are not previous employers.

FULL NAME	RELATIONSHIP	PHONE	ADDRESS

DISCLAIMER + SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Applicant Name:

Property Name:

Arrange an Interview? yes no

Date of Interview?

Remarks:

Employed? yes no

Date of Employment:

Job Title:

Department:

Hourly Rate/Salary:

Notes:

By (Name and Title):

Date: