



1700 Benjamin Franklin Parkway  
Philadelphia, PA 19103  
☎ 215-981-5678  
☎ 215-981-5630  
www.thewindsorsuites.com



**EMPLOYMENT APPLICATION FORM**



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Position Applied For:

Date Completed:

**PERSONAL INFORMATION**

Name:

SSN:

Full Address:

Are you 18 years of age or older: YES or NO

If hired, can you provide written evidence that you are

Tel No.:

Mobile:

authorized to work in the U.S.: YES or NO

**EDUCATION**

TYPE	NAME/LOCATION	COURSE	YEARS COMPLETED/DEGREE
High School			
College			
Technical/Other			

Type of Work Desired:

Salary Desired:

Do You Have Any Relatives Who are Employed by this Organization: YES or NO

Please Specify:

**(References will be applied for, unless otherwise stated.)**

**1) PRESENT OR LAST EMPLOYER:**

Company Name

Address:

Position:

Rate of pay:

Employed from:

Employed to:

Reason for leaving:

**2) PREVIOUS EMPLOYER:**

Company Name

Address:

Position:

Rate of pay:

Employed from:

Employed to:

Reason for leaving:

**3) PREVIOUS EMPLOYER:**

Company Name

Address:

Position:

Rate of pay:

Employed from:

Employed to:

Reason for leaving:

Please list any additional information that relates to your ability to perform the job for which you have applied such as licenses, professional memberships, hobbies, etc.

**U.S. MILITARY SERVICE**

Branch of Service:

Dates of Service:

Rank & Type of Service:

Training/Experience Received:

**APPLICANT'S STATEMENT**

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 60 days; after that time; if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of commencement:

Position:

Rate of Pay:

References

1) SENT

2) SENT

3) SENT

(Per. Hour / Weekly / 4 Weekly / Monthly)

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INTERVIEWERS NAME:

SIGNATURE:

DATE: