



INVITATION INN, INC.

<b>THIS BOX FOR OFFICE USE ONLY</b>
Title Number: _____
Hire Date: _____
Rate of Pay: _____

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

How did you learn about us? Mark an "X" below by all that apply:

- ADVERTISEMENT - Which Newspaper?: \_\_\_\_\_
- FRIEND                                       RELATIVE                                       KNOW SOMEONE THAT WORKS HERE
- WALK-IN                                       OTHER-Please explain: \_\_\_\_\_

<b>Position(s) Applied For:</b> _____	<b>Date of Application:</b> _____
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<b>Last Name:</b> _____	<b>First Name:</b> _____	<b>Middle Name:</b> _____
<b>Number and Street Address:</b> _____		
<b>City/Town:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____
<b>Telephone Number(s):</b> _____		<b>Social Security Number:</b> _____

On what date would you be available for work?: \_\_\_\_\_

What days of the week can you work? Mark an "X" below by all that apply:

- Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

What hours of the day can you work? Mark an "X" below by all that apply:

- Daytime:                                       Evenings                                       After Midnight:

How many hours a week can you work?: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
 PROOF OF AUTHORIZATION TO WORK WILL BE REQUIRED UPON EMPLOYMENT!  YES  NO

Have you ever been employed with us before?  YES  NO  
 If yes, give date(s): \_\_\_\_\_

Are you currently employed?  YES  NO  
 If yes, may we contact your present employer?  YES  NO

Have you ever been convicted of a felony or a crime involving theft or dishonesty?  YES  NO  
 If yes, please explain including date and place of conviction: \_\_\_\_\_

Are you physically or otherwise able to perform the duties of the job for which you are applying?  YES  NO

## EDUCATION

	Elementary School				High School				College/University				Graduate/Professional			
<b>School Name and Location</b>																
<b>Years Completed</b>	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
<b>Diploma/Degree</b>																
<b>Describe Course of Study</b>																
<b>Describe any specialized training, apprenticeships, skills and extra-curricular activities.</b>																
<b>Describe any honors you have received.</b>																
<b>State any additional information you feel may be helpful to us in considering your application.</b>																

# EMPLOYMENT EXPERIENCE

*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, sexual orientation, religion, gender, national origin, handicap or other protected status.*

1.	Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
2.	Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
3.	Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
4.	Employer		Length of Service		Work Performed
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				

*If you need additional space, please continue on a separate sheet of paper.*

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience:

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## REFERENCES

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

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

*I certify that answers given herein are true and complete. 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 60 days. I understand that neither this document nor any offer of employment from the employer constitute an employment contract, and that, if offered employment, I will be able to terminate the employment relationship for any reason, without notice, and without cause, and that my employer reserves the right to do the same.*

*In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Today's Date

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Today's Date