

# Employment Application – Short Form

An Equal Opportunity Employer

## Please Print

\_\_\_\_\_  
Date                      Last Name                      First Name                      Middle

## Present Address

\_\_\_\_\_  
No. & Street                      City                      State                      Zip

## Permanent Address (if different from present address)

\_\_\_\_\_  
No. & Street                      City                      State                      Zip

( ) -                      ( ) -  
Business Phone                      Home Phone

## Employment Desired

Position applying for: \_\_\_\_\_

## Personal Information

Have you ever applied to or worked for Tracy Inn Inc. before?                       Yes                       No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Tracy Inn Inc. ?                       Yes                       No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

Why are you applying for work at Tracy Inn Inc. ?  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? .....  Yes                       No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes                       No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes                       No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes                       No

If no, describe the functions that cannot be performed.  
\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

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Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.).....  Yes  No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

### Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Vocational/ Business</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Health Care Training</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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### Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____		( ) - _____ Telephone No.	
Type of Business _____		Your Supervisor's Name _____	
Address & Street _____		City _____	State _____ Zip _____
Dates of Employment:	From _____	To _____	Weekly Pay: Starting _____ Ending _____
Your Position and Duties _____			
Reason for Leaving _____			
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer _____		( ) - _____ Telephone No.	
Type of Business _____		Your Supervisor's Name _____	
Address & Street _____		City _____	State _____ Zip _____
Dates of Employment:	From _____	To _____	Weekly Pay: Starting _____ Ending _____
Your Position and Duties _____			
Reason for Leaving _____			
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

Note: Attach additional page(s) if necessary.

### References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name _____	Last Name _____	( ) - _____ Telephone No.
Address & Street _____		City _____ State _____ Zip _____
Occupation _____	No. of Years Acquainted _____	

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### References, continued

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 First Name Last Name Telephone No.  
 \_\_\_\_\_  
 Address & Street City State Zip  
 \_\_\_\_\_  
 Occupation No. of Years  
 Acquainted

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 First Name Last Name Telephone No.  
 \_\_\_\_\_  
 Address & Street City State Zip  
 \_\_\_\_\_  
 Occupation No. of Years  
 Acquainted

### Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_  
 I hereby certify that I have not knowingly withheld any information that might adversely affect my  
 Initials chances for employment and that the answers given by me are true and correct to the best of my knowledge. I  
 further certify that I, the undersigned applicant, have personally completed this application. I understand that any  
 omission or misstatement of material fact on this application or on any document used to secure employment  
 shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the  
 time elapsed before discovery.

\_\_\_\_\_  
 I hereby authorize **Tracy Inn Inc.** to thoroughly investigate my references,  
 Initials work record, education and other matters related to my suitability for employment and, further, authorize the  
 references I have listed to disclose to the company any and all letters, reports and other information related to my  
 work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my  
 former employers and all other persons, corporations, partnerships and associations from any and all claims,  
 demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
 I understand that nothing contained in the application, or conveyed during any interview which may  
 Initials be granted or during my employment, if hired, is intended to create an employment contract between me and the  
 Company. In addition, I understand and agree that if I am employed, my employment is for no definite or  
 determinable period and may be terminated at any time, with or without prior notice, at the option of either  
 myself or the Company, and that no promises or representations contrary to the foregoing are binding on the  
 company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
 Should a search of public records (including records documenting an arrest, indictment, conviction,  
 Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the  
 Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check  
 box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even  
 though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_  
 Date Applicant's Signature