

Application for Employment
Insignia Hospitality Group, Inc.

Please Print		Date:	
Name:		Social Security No:	
Address:			
City:	State:	Zip Code:	
Phone:	Email:		
How were you referred to us?			
Indicate the position and hotel for which you are applying:			
Do you wish to work:	Full Time	Part Time	Temporarily
If part time, specify the hours or days:			
What is your minimum weekly salary requirement?			
Do you have any commitments to another employer that might affect your employment with us?			
Date available for work:			
Skills			
Typing Speed (Words per Minute):			
Computer programs you've worked on:			
Business machines you can operate:			
Certifications:			
Education			
High School	Name:		No of Years:
	Address:		
College	Name:		No of Years:
	Address:		
Graduate School	Name:		No of Years:
	Address:		
Other	Name:		No of Years:
	Address:		
Military Experience			
Where you in U.S. Armed Forces?		Yes	No
If yes, what branch:			
Date of Duty:		Rank at Separation:	
Briefly describe your duties:			

General Information

Are you legally authorized to work in the United States? Yes No

Are you below the age of 18? Yes No

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations? Please describe any accommodations required:

Have you ever been convicted of a felony within the last 7 years? Yes No

If yes, Date: Place:

Nature:

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

References

Name: Occupation:

Address: Phone No:

Name: Occupation:

Address: Phone No:

Name: Occupation:

Address: Phone No:

Person to be notified in case of emergency:

Name: Phone No:

Address:

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability):

Multiple empty rows for providing additional information.

Employment History (List present or most recent employer first)

May we contact these employers?					Yes	No
Employer:				Phone No:		
Address:						
Position:			Dates Employed:			
Supervisor:			Starting Salary:		Ending Salary:	
Duties:						
Reason for Leaving:						
Employer:				Phone No:		
Address:						
Position:			Dates Employed:			
Supervisor:			Starting Salary:		Ending Salary:	
Duties:						
Reason for Leaving:						
Employer:				Phone No:		
Address:						
Position:			Dates Employed:			
Supervisor:			Starting Salary:		Ending Salary:	
Duties:						
Reason for Leaving:						
Employer:				Phone No:		
Address:						
Position:			Dates Employed:			
Supervisor:			Starting Salary:		Ending Salary:	
Duties:						
Reason for Leaving:						
Employer:				Phone No:		
Address:						
Position:			Dates Employed:			
Supervisor:			Starting Salary:		Ending Salary:	
Duties:						
Reason for Leaving:						

For personnel department use only:	
Position(s) applied for is open:	Reference check:
Who Called	Date and Time of Called
Position(s) considered for:	
Arrange Interviews:	
Employed:	
Job Title:	Hourly Rate / Salary:
Department:	
By (Name and Title):	Date: