

Indicate if you have previously been known by another name (through marriage, etc.).

List each name you have been know by and the dates you have gone by that name.

Previous Name _____ Dates _____

Previous Name _____ Dates _____

WORK EXPERIENCE

Name and Address of present or last employer	From Mo/yr	To Mo/Yr	Starting Wage	Ending Wage	Reason for Leaving	Supervisor

Describe the work you did (Title):

Telephone

Name and Address of present or last employer	From Mo/yr	To Mo/Yr	Starting Wage	Ending Wage	Reason for Leaving	Supervisor

Describe the work you did (Title):

Telephone

Name and Address of employer prior to that	From Mo/yr	To Mo/Yr	Starting Wage	Ending Wage	Reason for Leaving	Supervisor

Describe the work you did (Title):

Telephone

Name and Address of employer prior to that	From Mo/yr	To Mo/Yr	Starting Wage	Ending Wage	Reason for Leaving	Supervisor

Describe the work you did (Title):

Telephone

I hereby give permission to contact the employers listed above concering my prior work experience.

Signed _____

If there is a particular employer(s) you do not wish to contact, please indicate which one(s):

OTHER INFORMATION

If you have dependent children, has child care been arranged? Yes No

Do you have reliable transportation? Yes No

Do you use tobacco? Yes No

Do you drink alcoholic beverages? Yes No

Do you use narcotics or any other illegal drugs? Yes No

Have you ever been convicted of a crime? Yes No

Are you seeking full time _____ or part-time _____ employment?

How many days per week would you like to work? _____

Are there any days that you cannot work? Yes No

If yes, explain:

Please indicate your reason for applying for employment.

1. Wish to change employment _____

2. Have experience in the lodging industry. _____

3. Unemployed _____

4. Other _____

Please explain answer: _____

Are you currently working any other job that you plan to keep? Yes No

If yes, list shifts that you currently work: _____

Front Desk Positions: Check all shifts you are willing to work and indicate shift preference (1, 2, 3)

_____ 7:00 a.m. - 3:00 p.m. _____ 3:00 p.m. - 11:00 p.m. _____ 11:00 p.m. - 7:00 a.m.

Housekeeping Positions: Do you have any back or knee injuries that will hinder your ability to perform

typical housekeeping duties? Yes No

Date: _____

Signature: _____

Certification of Agreement

I certify that all information on this application is true and correct. I also certify that I have accounted for all of my work experience and training on this application. It is my understanding that Quality Inn & Suites may make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers or oral interviews. I authorize such investigation and the giving and receiving of any information requested Quality Inn & Suites and I release from liability any person giving or receiving