



ADMINISTRATION

Hotel State College & Co.

100 West College Ave. State College, PA 16801

(814) 237-4350 • hotelstatecollege.com

APPLICATION FOR EMPLOYMENT

PLEASE SPECIFY LOCATION(S) BY CHECKING THE BOX BELOW THE PROPERTY

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY # (OPTIONAL): _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH* (OPTIONAL): _____ TODAYS DATE: _____

WHY DO YOU WANT TO WORK FOR HOTEL STATE COLLEGE? _____

EMPLOYMENT

POSITION(S) DESIRED: _____

PART TIME OR FULL TIME: _____ START DATE: _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ IF SO, WHEN? _____

HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY US? _____ IF SO, WHEN? _____

LIST NAME(S) OF FRIENDS THAT WORK HERE: _____

DO YOU HAVE COMPUTER EXPERIENCE? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ** _____

IF YES, LIST CONVICTIONS: _____

DID ANY COMPANY EVER DISCHARGE YOU? _____

IF YES, LIST EACH COMPANY: _____

THE JOB FOR WHICH YOU ARE APPLYING MAY REQUIRE YOU TO WORK WEEKENDS, HOLIDAYS, AND SEMESTER BREAKS. ARE YOU WILLING TO WORK SUCH A VARIED SCHEDULE? _____

HOW LONG DO YOU INTEND TO BE IN THIS AREA? _____

ANY PHYSICAL CONDITION(S) WHICH MAY LIMIT YOUR ABILITY TO PERFORM ESSENTIAL JOB SKILLS? _____



HOURS AND AVAILABILITY (LIST SPECIFIC TIMES ON DAYS YOU CAN WORK)

MONDAY: _____	START: _____	END: _____
TUESDAY: _____	START: _____	END: _____
WEDNESDAY: _____	START: _____	END: _____
THURSDAY: _____	START: _____	END: _____
FRIDAY: _____	START: _____	END: _____
SATURDAY: _____	START: _____	END: _____
SUNDAY: _____	START: _____	END: _____

*PENNSYLVANIA LAW REQUIRES THAT AN EMPLOYEE MUST BE 18 YEARS OF AGE IN ORDER TO SERVE ALCOHOLIC BEVERAGES

**CONVICTION OF A CRIME DOES NOT NECESSARILY BAR YOU FROM EMPLOYMENT WITH OUR COMPANY

EDUCATION.....

HIGH SCHOOL: _____	GRADUATED: _____
COLLEGE: _____	MAJOR/DEGREE: _____
OTHER: _____	MAJOR/DEGREE: _____
	GRADUATED: _____

EMPLOYMENT HISTORY (INCLUDE MILITARY EXPERIENCE)

COMPANY NAME: _____	JOB TITLE: _____
ADDRESS (CITY, STATE, ZIP): _____	
PHONE NUMBER: _____	SUPERVISORS NAME: _____
LAST PAY RATE: _____	DATES EMPLOYED: _____
REASON FOR LEAVING: _____	

COMPANY NAME: _____	JOB TITLE: _____
ADDRESS (CITY, STATE, ZIP): _____	
PHONE NUMBER: _____	SUPERVISORS NAME: _____
LAST PAY RATE: _____	DATES EMPLOYED: _____
REASON FOR LEAVING: _____	

COMPANY NAME: _____	JOB TITLE: _____
ADDRESS (CITY, STATE, ZIP): _____	
PHONE NUMBER: _____	SUPERVISORS NAME: _____
LAST PAY RATE: _____	DATES EMPLOYED: _____
REASON FOR LEAVING: _____	

MILITARY EXPERIENCE: _____	IF YES, BRANCH: _____
JOB FUNCTION: _____	



PERSONAL REFERENCES (KNOWN AT LEAST ONE YEAR- NO RELATIVES)

NAME: _____ TELEPHONE: _____
ADDRESS: _____

NAME: _____ TELEPHONE: _____
ADDRESS: _____

NAME: _____ TELEPHONE: _____
ADDRESS: _____

****OPTIONAL INFORMATION**** THIS CATEGORY IS NOT MANDATORY AND WILL NOT AFFECT YOUR ELIGIBILITY FOR EMPLOYMENT

PLACE OF BIRTH: _____ WEIGHT: _____
HEIGHT: _____ SEX: _____

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PLEASE READ: WE ARE AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO NON-DISCRIMINATION IN EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, MARITAL OR MILITARY STATUS.

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND COMPLETE. I AGREE THAT ANY MISREPRESENTATION, FALSIFICATION OR OMISSION OF FACTS HEREIN SHALL JUSTIFY MY DISMISSAL. I AM AWARE THAT MY APPLICATION WILL BE ACTIVE FOR 30 DAYS. IF I DESIRE A POSITION AFTER THIS PERIOD, IT IS MY RESPONSIBILITY TO RE-APPLY.

APPLICANT'S SIGNATURE: _____ **DATE:** _____