

EMPLOYMENT APPLICATION

PLEASE PRINT CLEARLY. ANSWER ALL QUESTIONS.

LAST, FIRST, MIDDLE	EMAIL
NAME	
NUMBER, STREET	PHONE
ADDRESS	()
CITY, STATE, ZIP	WERE YOU REFERRED BY A CURRENT EMPLOYEE?
	YES NO WHO?
HAVE YOU WORKED FOR US IN THE PAST?	
When? Where?	

PLACEMENT INFORMATION

POSITION APPLYING FOR			TOTAL	. HOURS REQUESTED PER WEE	К	WAGE REQUIREMENT \$
LOCATION APPLYING AT	LARSON MGMT.	П ТНЕ ОХВОЖ НО		STAYBRIDGE SUITES	Ho	DLIDAY INN EXPRESS HALLIE
JOHNNY'S ITALIAN STEAKHOUSE						LIDAY INN EXPRESS RICE LAKE

		S	М	Т	w	т	F	S	
HOURS AVAILABLE	FROM								WHEN COULD YOU START WORK?
	то								

GENERAL INFORMATION

ARE YOU 16 YEARS OF AGE OR OLDER? VES NO IF NOT, CAN YOU FURNISH A WORK PERMIT? VES NO
DO YOU HAVE A LEGAL RIGHT TO WORK IN THE U.S.? U YES NO
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES NO (CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. IT WILL BE CONSIDERED ONLY AS RELATED TO THE JOB IN QUESTION)

EDUCATION/QUALIFICATIONS

SCHOOL	LOCATION	DIPLOMA, DEGREE, LICENSES, TRAINING, ETC.
LIST SKILLS YOU HAVE RELATED TO THE JOB YO	U ARE SEEKING	

EMPLOYMENT HISTORY

BEGIN WITH MOST RECENT OR PRESENT EMPLOYER. INCLUDE MILITARY, SELF-EMPLOYMENT, ETC.

COMPANY NAME	COMPANY PHONE		
	()		
ADDRESS	EMPLOYED (MONTH & YEAR)		
	FROM:	TO:	
SUPERVISOR'S NAME	HOURLY PAY		
	START:	END:	
JOB TITLE - DESCRIBE YOUR WORK	REASON FOR LEAVING		

COMPANY NAME	COMPANY PHONE			
	COMPANY PHONE			
ADDRESS	EMPLOYED (MONTH & YEAR)			
	FROM:	TO:		
SUPERVISOR'S NAME	HOURLY PAY			
	START:	END:		
JOB TITLE - DESCRIBE YOUR WORK	REASON FOR LEAVING			
COMPANY NAME	COMPANY PHONE			
COMPANY NAME	COMPANY PHONE			
COMPANY NAME	COMPANY PHONE			
	()			
COMPANY NAME ADDRESS	COMPANY PHONE () EMPLOYED (MONTH & YEAR)			
	() EMPLOYED (MONTH & YEAR)			
ADDRESS	() EMPLOYED (MONTH & YEAR) FROM:	то:		
	() EMPLOYED (MONTH & YEAR)	то:		
ADDRESS	() EMPLOYED (MONTH & YEAR) FROM: HOURLY PAY			
ADDRESS	() EMPLOYED (MONTH & YEAR) FROM:	TO: END:		
ADDRESS	() EMPLOYED (MONTH & YEAR) FROM: HOURLY PAY			
ADDRESS SUPERVISOR'S NAME	() EMPLOYED (MONTH & YEAR) FROM: HOURLY PAY START:			
ADDRESS SUPERVISOR'S NAME	() EMPLOYED (MONTH & YEAR) FROM: HOURLY PAY START:			
ADDRESS SUPERVISOR'S NAME	() EMPLOYED (MONTH & YEAR) FROM: HOURLY PAY START:			

REFERENCES

LIST THREE NON-RELATIVES YOU HAVE WORKED WITH AND WHOM WE MAY CONTACT FOR A WORK REFERENCE					
NAME		PHONE			
		()			
COMPANY & TITLE					
NAME		PHONE			
		()			
COMPANY & TITLE					
NAME		PHONE			
		()			
COMPANY & TITLE					

PLEASE READ BEFORE SIGNING

I hereby certify that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the company. I further understand that no representative of the company has the authority to enter into any agreement for employment for any specified period of time and that the company is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by the company. I understand that this application will remain on file for the legally required time period for consideration. After that time, if I am still interested in a position with the company, it will be necessary for me to complete a new application form.

SIGNATURE

DATE

We are an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, we intend to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

Please return completed application to the property you are applying at. You may also mail completed application to our office at 3502 Oakwood Mall Drive, Eau Claire, WI 54701 or email to <u>opportunities@larsonmanagement.com</u>.

NTERVIEW DEPART	MENT DEPT MGR APPR	OVAL 2ND INTERVIEW	OFFER	START