

FOSTORIA INN & SUITES

1690 N County Line St, Fostoria OH 44830 | P: 419 436 3600 | F: 419 436 0136 | E: bwfostoria@gmail.com

EMPLOYMENT APPLICATION

Applicant Information									
Full Name:					Date:				
	Last	First			<i>M.I.</i>				
Address:	Street Address					Apartment/Unit #			
						, paranene en r			
	City				State	ZIP Code			
Phone:			Email						
Date Available: Social Security No.:			D.:	Desired Salary: \$					
Position App	plied for:								
Are you a ci	itizen of the United States		O] If no, a	are you	authorized to w	YES ork in the U.S.? □	NO □		
YES NO Have you ever worked for this company? □ □ □									
Have you ev	ver been convicted of a fe	YES N lony? □ □	-						
lf yes, expla	in:								
		E	ducation						
High Schoo	I:	Add	lress:						
From:	То:	_ Did you gradu	YES µate? □	NO □	Diploma::				
College:		Add	ress:						
From:	То:	_ Did you gradu	YES uate?	NO □	Degree:				
Other:		Add	ress:						
From:	То:	_ Did you gradu	YES Jate?	NO □	Degree:				

	Previous E	mploym	ent	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting S	Ending Salary: \$		
Responsibil	ities:			
From:	То:	Reason f	or Leaving:	
May we con	tact your previous supervisor for a reference?	YES	NO	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting S	Salary: <u>\$</u>		Ending Salary: <u>\$</u>
Responsibil	ities:			
From:	То:	Reason f	or Leaving:	
May we con	tact your previous supervisor for a reference?	YES	NO	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting Salary:			Ending Salary: <u>\$</u>
Responsibil	ities:			
From:	То:	Reason for Leaving:		
May we con	tact your previous supervisor for a reference?	YES	NO □	
	Military	Service		
Branch:			From:	То:
Rank at Discharge:			Discharge:	
If other than	honorable, explain:			

References							
Please list three professional references.							
Full Name:	Relationship:						
Company:	Phone:						
Address:							
Full Name:	Relationship:						
Company:	Phone:						
Address:							
Full Name:	Relationship:						
Company:	Phone:						
Address:							
Disclaimer and Signature							

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date: