

Application for Employment Afton House Inn & Afton * Hudson Cruise Lines

Date of application _____

Social Security Number _____

Please Print

Personal Information

(Employees who serve or sell liquor are required to be 18 years of age.)
Circle: Yes/No

Name (Last) _____ (First) _____ (Middle) _____ Are you at least 18 years of age _____

Address _____ () _____

City _____ State _____ Zip Code _____ Telephone # _____

Referred by: _____ Alternate Phone # () _____

E-mail Address _____ Other Work phone # () _____

Are you Employed? _____

If so, May we inquire of your present employer? _____

Present Employer _____
Business Name _____ Contact Name _____ Phone # _____

Have you worked with us before? _____ When? _____

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

Position Information

Position Applying for _____

Earnings Expected \$ _____ per _____

Type of employment desired: Full Time Part Time Temporary

Please specify the days and hours you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

If offered employment, what date can you begin work? _____

List any special skills or abilities that you have related to this position _____

List any reason(s) why you would not be able to perform consistently to any of the duties involved with this position _____

Person to notify in case of emergency _____ Phone _____

Please list any friends or relatives currently working for us: _____

Education Information

	Name & Location	Course	Years Completed	Degree/Diploma
High School				
College				
Trade School				

Employment Information

1. Dates	Name & address of Employer	Describe the work you did	Wage	Exact Reason for leaving
From: _____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____
_____	Telephone _____ Supervisor _____	_____	_____	May we contact them? _____
From: _____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____
_____	Telephone _____ Supervisor _____	_____	_____	May we contact them? _____
From: _____	_____	_____	_____	_____
To: _____	_____	_____	_____	_____
_____	Telephone _____ Supervisor _____	_____	_____	May we contact them? _____

Why do you want to leave your current position? _____

Personal References (Not Former Employers or Relatives)

Name	Occupation	Address	Telephone Number

Remarks: _____

Interviewed by: _____ Date: _____

Hired: _____ Dept: _____ Position: _____ Will Report: _____ Wage: _____

Hired by: _____ Date: _____

The following forms are to be completed at orientation: Required by Federal/State Law

_____ W-4	_____ (2) I.D. Forms	_____ Employee Job Description	_____ Uniform
_____ I-9	_____ Job Acceptance	_____ Employee Manual	_____ MW-R (If applicable)