


Employment Application

	<p>THE OLDEST HOTEL IN TAOS NEVER LOOKED BETTER.</p>
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Position Applied For	Date	Date you can Start	Salary Desired
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Please answer all questions. Resumes are not accepted in lieu of completion of this application.

This application was designed for use with several types of positions. Some questions may not be completely applicable to the position that you are seeking; however, we ask that you answer all questions.

Last Name, First, Middle	Social Security Number
Present Address – Street, City, State, Zip Code	Telephone Number

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the U.S.? Yes No

Have you been convicted of any offense (other than minor traffic violations) within the past five years? Yes No
 If YES, give dates and explain (attach separate paper if necessary). A conviction will not necessarily disqualify you from employment.

Are you at least 18 years of age? Yes No

EDUCATIONAL DATA				
SCHOOL	PRINT NAME, NUMBER, STREET ADDRESS, CITY, STATE, AND ZIP CODE OF EACH SCHOOL	NO. OF YEARS COMPLETED	DEGREE	DATES ATTENDED
HIGH SCHOOL	_____ _____ _____			
COLLEGE	_____ _____			
TRADE, BUSINESS, CORRES.	_____ _____			

Other skills: List any other job-related skills, qualifications and licenses that support your application.

Honors Received: _____

In order to permit a check of your work and educational work records, should we be made aware of any changes of name or assumed name that you previously used? Yes No If YES, identify name and relevant date.

Are you a veteran of the U.S. Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	If <i>YES</i> , what branch of service?	If <i>YES</i> , beginning date of active duty: From: (year) (month) To: (year) (month)	
Date of discharge from military service	Have you ever been dismissed or forced to resign from any employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If <i>YES</i> , please explain	

Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you on layoff and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any hours, shifts, or days you will not work? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If *YES*, explain

What foreign languages do you
Speak Read Write

Do you have any friends or relatives who work here? Yes No

Name Relationship

Name Relationship

PERSONAL REFERENCES

LIST THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.		
2.		
3.		

List below any other information or remarks that you wish to have considered as a part of your application for employment.

Referred By:

Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If <i>Yes</i> , give date <input type="text"/>	Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If <i>Yes</i> , give date <input type="text"/>
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List each job held. Start with your present or last job. Include military experience.

<p>Employer _____</p> <p>Address _____</p> <p>Job Title _____</p> <p>Supervisor _____</p> <p>May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Dates From To</p> <p>_____</p> <p>Salary Start Final</p> <p>_____</p>	<p>Work performed _____ _____ _____</p> <p>Reason for leaving _____ _____ _____</p>
<p>Employer _____</p> <p>Address _____</p> <p>Job Title _____</p> <p>Supervisor _____</p> <p>May we make inquiries of this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Dates From To</p> <p>_____</p> <p>Salary Start Final</p> <p>_____</p>	<p>Work performed _____ _____ _____</p> <p>Reason for leaving _____ _____ _____</p>
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NOTICE TO APPLICANTS

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with us depends solely upon your qualifications.

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that I may be required to undergo blood and/or urinalysis screening for drug or alcohol use as part of the pre-employment process, and I consent to this screening. In addition, I understand and accept the Company's policy of random blood and/or urinalysis screening.

I certify that all information given on this employment application, any resume that I submit to the Company, and any related papers and answers given during oral interviews are true and correct. I understand that the Company may make an investigation of my work and personal history. I authorize the giving of any information requested by the Company during the course of such an investigation. I understand and agree that any derogatory information discovered as a result of this investigation may subject me to disqualification from employment or to immediate dismissal. I hereby release from liability all persons who provide information to the Company during the course of any such investigation.

Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____