The Costello Inn

Date: /	_/						
Name:	Jame: Telephone:						
Address: How Long?							
Previous Add (If less than 3				How Long?			
Are you legall	y permitted to	work in the U	J.S.?() Yes ()	No			
Are you 18 yea	ars old or oldei	r?()Yes()[No				
Have you ever	been convicte	d of a felony?	() Yes () No				
If yes, please e	explain and pro	ovide date:					
Position appli	ed for, please b	e specific:					
Are you availa	able for () Ful	l Time()Pa	rt Time				
Are you able t	o perform job	related functi	ons for which y	ou are applying	g?()Yes()[No	
If No, please e	explain:						
Please indicate	e the days and	time you wou	ıld be available	for work:			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
- ,	· ·	rk?()Yes() No	Shift Work?	()Yes ()No)	
		-	stello Inn?()) Inn				
_	· ·		Inn:				
			College grade completed: _ Type of degree: Major:				
List any other training or course work:				_			
			te the following				
-	valid driver's	-)			
2			voked or suspe	nded?() Yes (O No		
-			_	tion date:			
			accidents / viol				
Please List Pas	st Employment	 t					
Company:	<u> </u>		Superv	visor's name: _		 	
			·		Telephone: _		

Title & position held:	From:	То:					
Desc. of duties:							
Reason for leaving:	Start salary:	End salary:					
Company:	Supervisor's n	ame:					
Address:		Telephone:					
Title & position held:	From:	То:					
Desc. of duties:							
Reason for leaving:							
Company:	Supervisor's n	ame:					
Address:	-	Telephone:					
Title & position held:	From:	To:					
Desc. of duties:							
Reason for leaving:							
Name:	Y	Years known:					
Name:	To	elephone:					
Address:	Y	ears known:					
Thank you for considering employment with The Costello Inn. As part of our employment procedure a routine inquiry may be made which will provide applicable information. The facts set forth above in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. If employed by The Costello Inn I agree to conform to the rules and regulations of The Costello Inn and my employment and compensation can be terminated, with or without notice, at any time, at the option of either The Costello Inn or myself. I understand that no representative of The Costello Inn other than the owner of The Costello Inn has any authority to enter into any agreement for employee for any period of time, or to make any agreement to the foregoing.							
Applicant's signature:	Da	ate:/					
An Equal Opportunity Employer							
Post-Employment							
In case of emergency or accident please noti	ify:						
Address: Telephone:							