



# Employment Application

Please complete the following application and fax to 760-431-2288.

**Please indicate which property you are applying for (check all if applicable):**

Hampton Inn Carlsbad

Homewood Suites Carlsbad

An Equal Opportunity Employer

## PLEASE PRINT

_____	_____	_____	_____
Date	Last Name	First Name	Middle
Present Address			
_____		_____	_____
No. & Street		City	State Zip
Permanent Address (if different from present address)			
_____		_____	_____
No. & Street		City	State Zip
(____) ____ - ____	(____) ____ - ____		
Cellular Phone	Home Phone		

## EMPLOYMENT DESIRED

Position applying for: \_\_\_\_\_

## PERSONAL INFORMATION

Have you ever applied to or worked for Hampton Inn, Homewood Suites and/or Tarsadia Hotels before? .....

Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Hampton Inn, Homewood Suites and/or Tarsadia Hotels? .....

Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Why are you applying for work at Hampton Inn/Homewood Suites?  
\_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? .....  Yes  No

Revised 2007

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_

\_\_\_\_\_

*(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)*

Have you ever been convicted of a criminal offense, felony, or misdemeanor? *(Convictions for marijuana-related offenses that are more than two years old need not be listed.)* .....  Yes  No

If Yes, provide details, including when and where convicted and disposition.

\_\_\_\_\_

\_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.)*

**EDUCATION, TRAINING AND EXPERIENCE**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>College/ University</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Vocational/ Business</b>	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**EMPLOYMENT HISTORY**

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

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Name of Employer \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

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Name of Employer \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

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Name of Employer \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

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