



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer M/F

The Desmond Hotel & Conference Center
 660 Albany Shaker Road * Albany, New York 12211
 Tel. (518) 640-6166 * Fax (518) 640-6170

PERSONAL INFORMATION:

Name: _____ Date of Application: _____
 First Last Middle
 Address: _____ Social Security #: _____
 No. Street Apt.
 City State Zip Home Phone #: _____
 Cell Phone #: _____

EMPLOYMENT INFORMATION:

Position(s) Applied for: _____
 Date Available: _____ Type of Employment Desired: Full-time Part-time Temporary
 Please specify any day/hour restrictions: _____
 Referral Source (How did you happen to apply here?): _____
 Have you ever worked here before? Yes No If yes, list dates and title: _____
 If applicable, list any relative who is currently working or has previously worked for us? _____
 Are you legally eligible for employment in the United States? Yes No If under the age of 18, please state your age: _____

Answering "yes" to the following question does not constitute an automatic bar to employment.

Have you ever been convicted of a crime, other than a traffic violation? Yes No (Do not answer "yes" for any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated.) If "Yes" please explain fully in the space provided below.

EDUCATIONAL BACKGROUND:

Circle Highest Grade Completed	Junior High 7 8	High School 9 10 11 12	College 13 14 15 16	Graduate MA or PHD
Type of School	Name & Address of School			Course of Study
High School				<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/>
				<input type="checkbox"/> Diploma
				<input type="checkbox"/> Certificate
				<input type="checkbox"/> Degree
College or University				<input type="checkbox"/> Other
				<input type="checkbox"/> Diploma
				<input type="checkbox"/> Certificate
				<input type="checkbox"/> Degree
Business, Vocation or Graduate School				<input type="checkbox"/> Other
				<input type="checkbox"/> Diploma
				<input type="checkbox"/> Certificate
				<input type="checkbox"/> Degree
			<input type="checkbox"/> Other	

EMPLOYMENT HISTORY: Starting with your most recent employer, please provide the following information.

I. Name & Address of Employer	Your Position / Job Title	Dates Employed	
		From: Month / Year	To: Month / Year
	Describe the Work You Performed		
		Reason for Leaving	
Phone #:			
Supervisor's Name:	Last Weekly Pay:		

II. Name & Address of Employer	Your Position / Job Title	Dates Employed	
		From: Month / Year	To: Month / Year
	Describe the Work You Performed		
		Reason for Leaving	
Phone #:			
Supervisor's Name:	Last Weekly Pay:		

III. Name & Address of Employer	Your Position / Job Title	Dates Employed	
		From: Month / Year	To: Month / Year
	Describe the Work You Performed		
		Reason for Leaving	
Phone #:			
Supervisor's Name:	Last Weekly Pay:		

IV. Name & Address of Employer	Your Position / Job Title	Dates Employed	
		From: Month / Year	To: Month / Year
	Describe the Work You Performed		
		Reason for Leaving	
Phone #:			
Supervisor's Name:	Last Weekly Pay:		

AGREEMENT:

1. The information I have provided on this application is accurate to the best of my knowledge and subject to validation by The Desmond. I affirm that completion of this application is for the sole purpose of seeking employment at The Desmond and for no other purpose.
2. I voluntarily give The Desmond the right to make a thorough investigation of my past employment, education, training and references. I agree to cooperate in such investigations and release from liability or responsibility The Desmond, its agents and all persons, companies or corporations supplying such information.
3. I understand that any false statements or answers made by me on this application or any supplement thereto, or in connection with the above-mentioned investigation, will be grounds for immediate discharge or denial of employment.
4. I understand and agree that although management attempts to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule other than Monday through Friday, or a temporary or permanent alteration in schedule. I understand and accept these conditions of my continuing employment.
5. I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time for any reason. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.
6. I certify that if employed, I will produce document(s) to establish that I am able to work in the United States. This application will be considered active for 90 days. Applicants who wish to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Signature: _____ Date: _____