



THE HERMITAGE HOTEL  
NASHVILLE

APPLICATION FOR EMPLOYMENT

*\*If you have difficulty completing this application, please ask for assistance\**

◆PERSONAL DATA

PLEASE PRINT LEGIBLY. COMPLETE ALL APPLICABLE ITEMS. USE INK ONLY.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET) (APT) (CITY) (STATE) (ZIP)

PERMANENT ADDRESS: \_\_\_\_\_  
(NUMBER) (STREET) (APT) (CITY) (STATE) (ZIP)

PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you a U.S. Citizen or do you have the legal right to work in the U.S.?  Yes  No  
Are you at least 18 years of age:  Yes  No  
(you must be at least 18 to be eligible for employment here)

If hired, can you furnish proof that you are eligible to work in the U.S.?  Yes  No

Do you have a current driver's license?  Yes  No If yes, list state and license number: \_\_\_\_\_

Have you ever been convicted or plead guilty to (or no contest to) a crime of any kind?  Yes  No If yes, please explain: \_\_\_\_\_

◆JOB PREFERENCE

Type of employment desired:  Full Time  Part Time Seasonal/Temporary, Dates \_\_\_\_\_

Are you applying for a specific position?  Yes  No If so, which one? \_\_\_\_\_

Do you have any limitations which would prevent you from performing the essential functions of the job for which you are applying?  Yes  No

Do you understand that you are subject to a post-offer physical screening/evaluation?  Yes  No

Please circle the days you are able to work: S M T W T F S

Are you willing to work any hours?  Yes  No If no, specify hours desired: \_\_\_\_\_ Are you willing to work weekends/holidays?  Yes  No

When would you be available to work? \_\_\_\_\_ Have you ever worked for The Hermitage Hotel?  Yes  No

If yes, please state when \_\_\_\_\_

How did you hear about The Hermitage Hotel? \_\_\_\_\_ Were you recommended by a friend?  Yes  No Name: \_\_\_\_\_

◆EDUCATION

	Dates attended		Circle highest grade completed	Graduated?		Name and location of school
	From	To		Yes	No	
High School			1 2 3 4	Yes No		
College/University			1 2 3 4	Yes No		
Vo-Tech/Business School			1 2	Yes No		

Military Branch \_\_\_\_\_

Are you currently attending school?  Yes  No Hours per week: \_\_\_\_\_

Do you plan to return to school?  Yes  No If yes, when? \_\_\_\_\_

◆ADDITIONAL DATA

List any professional certifications you may have \_\_\_\_\_

◆EMPLOYMENT HISTORY

**STARTING WITH PRESENT OR MOST RECENT EMPLOYER LIST PREVIOUS EMPLOYMENT FOR THE LAST FIVE YEARS. DO NOT OMIT ANY EMPLOYMENT. ATTACH ADDITIONAL PAGES IF NECESSARY.**

EMPLOYER \_\_\_\_\_ Position Held \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Telephone \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving (if discharged, please explain in detail) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Position Held \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Telephone \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving (if discharged, please explain in detail) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Position Held \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Telephone \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving (if discharged, please explain in detail) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Position Held \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Telephone \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving (if discharged, please explain in detail) \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Position Held \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
Telephone \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving (if discharged, please explain in detail) \_\_\_\_\_

May we contact all employers listed above:  Yes  No If No, explain: \_\_\_\_\_  
Have you ever been discharged or asked to resign from a job?  Yes  No

If yes, explain: \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for immediate dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the day of payment of my wages and salary, be terminated at any time without any previous notice. Any job offer is contingent upon results of drug testing within specified time period. I understand that my eligibility to legally work in the United States must be verified at the time of employment.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_