



Employment Application

Orleans Waterfront Inn, Inc.

3 Old County Rd.
PO Box 188 Orleans, Ma 02653
Ph#(508)255-2222 Fax(508)255-6722
OrleansInn.com

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ E-mail Address: _____

Date Available: _____ Social Security No.: ____-____-____ Desired Salary: \$ _____

Position Applied for: _____ Are you over the age of 18? Yes No

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever filed an unemployment claim? Yes No If yes, explain: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) _____
Address: _____

Previous Employment

Company: _____ Phone: (____) _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Company: _____ Phone: (____) _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Company: _____ Phone: (____) _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference?

Availability

Please mark shifts you are unable to work.

am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm
Sun	Mon	Tue	Wed	Thu	Fri	Sat

Are you available holidays? ____ On what date must you leave? ____/____/____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____