



2008 Employment Application

Spindletop Hall, Inc.

3414 Ironworks Pike
Lexington, KY 40511

Last Name	First Name	Middle Initial
Address	Street	City
		State
		Zip
Telephone Number	Social Security Number	
Cell Number		
Emergency contact name		
Emergency contact Telephone Number		

Position(s) Applied For: (in order of preference)		
1.	2.	3.
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in
	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Where? _____		
<input type="checkbox"/> Employment Agency		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

If Yes, give dates: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? Yes No

Are you available to work:
 Full Time Part Time Weekends Temporary _____

Are you currently on "lay-off" status and subject to recall?

Have you been convicted of a felony within the last 5 years?
Conviction will not necessarily disqualify an applicant from employment

If yes, please explain: Yes No

Yes No

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School			9 10 11 12	
Technical School				
College			1 2 3 4	
Graduate/ Professional			1 2 3 4	
Other				

EMPLOYMENT EXPERIENCE

Employer	<u>Dates Employed</u>		Work Performed
	From	To	
Address			
Telephone Number			
Job Title	Supervisor		
	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Reason for Leaving			
Employer	<u>Dates Employed</u>		Work Performed
	From	To	
Address			
Telephone Number			
Job Title	Supervisor		
	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Reason for Leaving			
Employer	<u>Dates Employed</u>		Work Performed
	From	To	
Address			
Telephone Number			
Job Title	Supervisor		
	<u>Hourly Rate/Salary</u>		
	Starting	Final	
Reason for Leaving			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Spindletop Hall is committed to a policy of nondiscrimination and equal opportunity for all employees and qualified applicants without regard to race, color, religious creed, national origin, ancestry, sex, age, disability, veterans' status or sexual orientation.

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience. Please include all computer and software skills.

REFERENCES

List name, address, and telephone number of three references who are not related to you and are not previous employers.

1.

2.

3.

APPLICANT'S STATEMENT

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that the interview process may include reference and background checks, verification of I-9 information, employment and education, degrees, licenses and certifications. My signature below indicates my acceptance to these checks.

The application for employment shall be considered active for the current season. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Spindletop Hall, Inc. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

(Signature of Applicant)

Date

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Name _____ Starting Date _____

Address _____ Position _____

_____ Salary _____

Phone _____ Birthdate (month/day) _____

References Contacted:

Company _____ Contact Person _____ Date _____

Company _____ Contact Person _____ Date _____

Company _____ Contact Person _____ Date _____

TRAINING PROGRAMS

DATE COMPLETED

 Orientation

 CPR

 HAZMAT

 TIPS

COMMENTS:

