



# RAMADA®

412 West Washington Street, Marquette, Michigan 49855

Telephone (906) 228-6000

www.ramadamarquette.com

Independently owned and operated by H. J. Larson, Inc.

## Application for Employment

The Michigan Civil Rights Act and/or federal law prohibit discrimination in employment on the basis of religion, race, color, handicap, national origin, age, sex, height, weight, or marital status. The Ramada Inn of Marquette is an equal opportunity employer and does not discriminate on the basis of any of these or any other legally protected category or medical condition.

### Personal Information *(Please Print Neatly)*

Name \_\_\_\_\_  
*(Last) (First) (Middle)*

Address \_\_\_\_\_  
*(Street) (City) (State) (Zip)*

Telephone \_\_\_\_\_ Email: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Position Desired \_\_\_\_\_ Date Available \_\_\_\_\_

Expected Wage \_\_\_\_\_

Status *(check all appropriate)*  Full Time  Part Time  Temporary or Summer

Minimum number of hours you would work per week \_\_\_\_\_

Shift(s) willing to work:  Days  Evenings  Nights

Can you work holidays and weekends if necessary?  Yes  No

Are there any days or hours you cannot work?  Yes  No

If yes, please list them and explain \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you a citizen of the United States?  Yes  No

If no, do you have the legal right to work and remain in the United States?  Yes  No

Visa Type \_\_\_\_\_

Have you ever been convicted of any criminal violation of law, or are you now under pending investigation or charges of violation of criminal law?  Yes  No

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

Are you currently employed?  Yes  No

If yes, may we inquire of your present employer?  Yes  No

Have you previously worked for the Holiday Inn/Ramada Inn of Marquette?  Yes  No

If yes, Date \_\_\_\_\_ Position \_\_\_\_\_

If the position requires travel or transporting guests, do you have a valid driver's license?  Yes  No

If yes, please provide drivers license information \_\_\_\_\_  
Number State Expiration Date

## EDUCATION HISTORY

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### High School or GED

Name \_\_\_\_\_

Location \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

Highest grade completed \_\_\_\_\_ Dates Attended \_\_\_\_\_  
(From) (To)

Did you graduate?  Yes  No

Did you receive GED?  Yes  No

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### College

Name \_\_\_\_\_

Location \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

Highest year completed \_\_\_\_\_ Dates Attended \_\_\_\_\_  
(From) (To)

Major \_\_\_\_\_ Minor \_\_\_\_\_

Did you graduate?  Yes  No Degree \_\_\_\_\_

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### Trade, Business or Correspondence School

Name \_\_\_\_\_

Location \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

Highest year completed \_\_\_\_\_ Dates Attended \_\_\_\_\_  
(From) (To)

Major \_\_\_\_\_ Minor \_\_\_\_\_

Did you graduate?  Yes  No Degree \_\_\_\_\_

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### Military Service

Were you in the U.S. Armed Forces?  Yes  No

What Branch? \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Current Draft Status?  Active  Inactive

Duties \_\_\_\_\_

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### IN CASE OF AN EMERGENCY, NOTIFY:

\_\_\_\_\_  
Name (Relationship)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone No

## EMPLOYMENT HISTORY

(Please list past employment beginning with present or last employer.)

Present or Last Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
(Address) (City) (State) (Zip) (Telephone)  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ May we contact?  Yes  No  
Name of Supervisor \_\_\_\_\_ Dept. \_\_\_\_\_ Wage \_\_\_\_\_/hr.  
Reason for Leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
(Address) (City) (State) (Zip) (Telephone)  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ May we contact?  Yes  No  
Name of Supervisor \_\_\_\_\_ Dept. \_\_\_\_\_ Wage \_\_\_\_\_/hr.  
Reason for Leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position Held \_\_\_\_\_  
\_\_\_\_\_  
(Address) (City) (State) (Zip) (Telephone)  
Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ May we contact?  Yes  No  
Name of Supervisor \_\_\_\_\_ Dept. \_\_\_\_\_ Wage \_\_\_\_\_/hr.  
Reason for Leaving \_\_\_\_\_

## REFERENCES

(Please list three persons who could be contacted as character references other than relatives.)

1. \_\_\_\_\_  
Name Occupation  
\_\_\_\_\_  
Address Telephone

2. \_\_\_\_\_  
Name Occupation  
\_\_\_\_\_  
Address Telephone

3. \_\_\_\_\_  
Name Occupation  
\_\_\_\_\_  
Address Telephone



## Policy, Certification and Authorization Statements

### Drug-Free Workplace Act

The Ramada Inn of Marquette, in compliance with the Drug-Free Workplace Act of 1988, P.L. 100-690, certifies that we will maintain a drug-free workplace by prohibiting the unlawful manufacture, distribution, dispensing, possession or use of any controlled substance by any employee in the workplace and will enforce strict sanctions, up to and including discharge, for any violation of this policy.

### Immigration Reform and Control Act

The Ramada Inn of Marquette is required by law to verify all new employees' eligibility for employment in the United States. A new employee must provide the Ramada Inn of Marquette with documentation of his/her authorization to work and proper identification within the first three business days of employment. Employment will be terminated if appropriate documentation is not submitted. A list of acceptable documents is available in the Accounting Office, 412 West Washington Street, Marquette, Michigan 49855.

### Certification/Release

I certify that I have read and understand the above-stated policies and that I will, if offered and if I accept my employment with the Ramada Inn of Marquette, comply with these and all other hotel policies.

I acknowledge and agree that should I, once employed or as an employee, be subsequently arrested or convicted of one or more criminal offenses as listed below:

1. Commit, attempt to commit, or conspiracy to commit a felony;
2. Misdemeanor, including but not limited to assault, battery, criminal sexual conduct or operating a motor vehicle under the influence.

I will notify this employer in writing within twenty-four (24) hours of the event.

I certify that the answers that appear on this application and the information provided in my resume are complete and true. I hereby authorize the Ramada Inn of Marquette and/or its agents to verify any or all of the information provided on this application and in my resume. In order to verify such information, I hereby authorize all persons, schools, companies and law enforcement agencies to release any records or any other information they may possess relating to my application for employment. I also release any individual, partnership or corporation which presently or formerly employed me, any school I attended, their officers, agents and employees and any law enforcement agency from any liability, claims or damages for issuing such information in good faith and without malice.

Should I become an employee at this organization, I also release the Ramada Inn of Marquette from any liability, claims or damages for issuing such information in good faith and without malice to other individuals/institutions who have legitimate and common interest in the subject matter.

**I realize that falsification or omissions of any information on this application, in my resume, or during any interview, will be grounds for rejection of my application or if I am offered employment, discharge at any time during my employment. I also understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.**

The Ramada Inn of Marquette is independently owned and operated by H. J. Larson, Inc.

Signature of Applicant \_\_\_\_\_

*(Do Not Print)*

Date \_\_\_\_\_