

MILITARY EXPERIENCE

Are you a veteran of the U.S. Armed Forces? Yes No

Branch _____ Rank _____ Date of Discharge _____

Did you receive an honorable discharge? Yes No
(a dishonorable discharge is not an absolute bar to employment)

PERSONAL REFERENCES

Please list three people you have known for at least two years and preferably with whom you have never worked:

(Name) (City/State) (Phone Number)

(Name) (City/State) (Phone Number)

(Name) (City/State) (Phone Number)

DRIVER'S LICENSE

Do you possess a valid driver's license? Yes No If so, from what state? _____

APPLICANT'S STATEMENT

I certify that the answers given on this application are true and complete. I understand that any falsification, misrepresentation or omission by me on this application may result in the rejection of this application or immediate termination of employment. I authorize my former employers and references to provide the company with the information the company requests, and I authorize the company to investigate all statements contained in this application. Neither any statements made by the company during the application process, nor anything in this application should be considered as giving rise to any type of contractual agreement. IF EMPLOYED, I understand and agree that my employment shall be for an indefinite period of time and can be terminated at will any time by me or by the company without notice or cause.

(Signature of Applicant) _____/_____/_____
(Date)

AURORA INN, INC.

391 Main Street, Aurora, New York, 13026 315-364-8888
AURORA-INN.COM

APPLICATION FOR EMPLOYMENT

(Please Type or Print Clearly)

We are an equal opportunity employer and consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, or any other protected trait or characteristic.

Date of Application: _____/_____/_____

Position Desired: _____
(Please specify the position(s) for which you are applying)

How did you hear about us? _____
 Friend Job Fair Newspaper School Walk-in
 Other: _____

Personal Information

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street)

(City) (State) (Zip Code)

Telephone: (____) - _____ - _____ (home) (____) - _____ - _____ (work)
(____) - _____ - _____ (cell)

Email address: _____

EMPLOYMENT INFORMATION

Are you 18 years of age or older? Yes No
 If not, can you provide working papers? _____

Are you legally eligible for employment in the U.S.? Yes No

Have you filed an application with us before? Yes No

If "Yes", when? _____

Have you ever been employed by this or any other Aurora Inn, Inc. managed property?

Yes No If "Yes", when? _____

Dates you are available for employment: _____

Salary requirements: \$ _____
 ("Negotiable" responses will not be considered)

Type of employment desired: Full Time Part-Time Temporary

Are you available to work ALL days INCLUDING Saturdays, Sundays, holidays and all HOURS or SHIFTS? Yes No

If "No", which days and hours are you NOT able to work? _____

Have you ever been convicted of a criminal offense? Yes No

If "Yes", explain: _____

EDUCATION

	Name, City & State	Course of Study	Graduated
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

WORK EXPERIENCE

If currently employed, may we contact your present employer Yes No
 (List your present or most recent employer first)

Employer:	Phone:	From:	To:
Address		Position:	
		Supervisor:	
Duties		Rate of Pay:	
Reason for leaving:			

Employer:	Phone:	From:	To:
Address		Position:	
		Supervisor:	
Duties		Rate of Pay:	
Reason for leaving:			

Employer:	Phone:	From:	To:
Address		Position:	
		Supervisor:	
Duties		Rate of Pay:	
Reason for leaving:			

Employer:	Phone:	From:	To:
Address		Position:	
		Supervisor:	
Duties		Rate of Pay:	
Reason for leaving:			