



APPLICATION FOR EMPLOYMENT
Pre-Employment Questionnaire
Equal Opportunity Employer

Today's Date: _____

Personal Information

Last Name: _____ First Name: _____

Social Security Number: _____

Address: _____ (Street) _____ (Apt #)
_____ (City) _____ (State) _____ (Zip Code)

Phone: _____ (Home) _____ (Cell)

Email _____

Employment Desired

Position: _____ Start Date: _____

Desired Salary: _____ Are You Currently Employed: YES NO (circle one)

If Employed, may we inquire of your present employer? YES NO (circle one)

Have you previously applied for a position with New York Guest, LLC? YES NO (circle one)

If Yes, please provide details: _____

Education History

	Name and Location	Years Attended	Did you graduate?
High School			
College			
Other			

Subjects of special study, research, work, or special training and skills:

Foreign Language Experience: _____

Please add any military experience: _____

Employment History

Please list all employers starting with the most recent

Dates: (to/from)	Name and Address of Employer	Salary	Position	Reason for Leaving

Why are you a good candidate to work at New York Guest?**References**

Please list three references of people who know you in a professional or educational capacity.

Name	Address	Phone Number	Relationship	Years Known

Have you ever been convicted of a felony? If yes, please explain:

Do you require sponsorship to work legally in the United States? YES NO (circle one)

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the ADA or other relevant federal and state laws"

Date: _____

Signature: _____