APPLICATION FOR EMPLOYMENT

log cabin | delaney
EVENTS • DINING • HOTEL

D. HOTEL & SUITES
WE'VE GOT TONIGHT

DELANEY'S MARKET
-READYMADE MEALS-

PERSONAL INFORMATION:

NAME (LAST, FIRST, MIDDLE)			DATE:
PRESENT ADDRESS (STREET, CITY, STATE, ZIP):			
PERMANENT ADDRESS (STREET, CITY, STATE, ZIP):			
PHONE NUMBER ( )	CELL PHONE NUMBER ( )	EMAIL	SOC SEC #:
STATE NAME AND RELATIONSHIP OF ANY RELATIVES IN OUR EMPLOY:			REFERRED BY:

Last Name | First Name | Middle Name

EMPLOYMENT DESIRED:

POSITION:	
DATE YOU CAN START:	SALARY DESIRED:
ARE YOU EMPLOYED NOW?	MAY WE CONTACT YOUR EMPLOYER?
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	WHEN:
ARE YOU UNDER THE AGE OF 18?	

EDUCATION:

SCHOOL	NAME AND LOCATION	GRADUATED	MAJOR SUBJECTS	GPA
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE / UNIVERSITY				
OTHER (SPECIFY)				

OTHER INFORMATION:

SUBJECTS OF SPECIAL STUDY OR RESEARCH:
SPECIAL TRAINING:
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZAITONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

The Log Cabin: 500 Easthampton Road • Holyoke, MA 01040 • 413-535-5077
The Delaney House: 3 Country Club Road • Holyoke, MA 01040 • 413-532-1800
D. Hotel & Suites: 1 Country Club Road • Holyoke, MA 01040 • 413-533-2100

(CONTINUED ON OTHER SIDE)

APPLICATION FOR EMPLOYMENT

FORMER EMPLOYERS: LIST THE LAST FOUR EMPLOYERS, STARTING WITH PRESENT OR MOST RECENT.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYERS	SALARY	POSITION	REASON FOR LEAVING
FROM:		$		
TO:		PER		
FROM:		$		
TO:		PER		
FROM:		$		
TO:		PER		
FROM:		$		
TO:		PER		

REFERENCES: GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOW AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED

IN CASE OF EMERGENCY, NOTIFY: _____

ADDRESS: _____ PHONE: _____

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, AT THE DESCRETION OF THE EMPLOYER, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUSE NOTICE.

SIGNED: _____ **DATE:** _____

The safety and health of our employees is very important to us. Therfore, please READ and CHECK the following areas as to your ability to perform them. Check NO to any activities you are unable to perform or may perform within restrictions.

Describe all NO answers below.

	YES	NO		YES	NO		YES	NO
LIFT/CARRYING	☐	☐	**REACHING**	☐	☐	**GRASPING**	☐	☐
0-5 #	☐	☐	OVERHEAD	☐	☐	**PUSHING**	☐	☐
5-20 #	☐	☐	SHOULDER LEVEL	☐	☐	**PULLING**	☐	☐
20- 50#	☐	☐	**CLIMBING**	☐	☐	**WALKING**	☐	☐
STANDING	☐	☐	STAIRS	☐	☐	SHORT DISTANCES	☐	☐
PROLONGED	☐	☐	LADDERS	☐	☐	LONG DISTANCES	☐	☐
INFREQUENT	☐	☐	**TWISTING**	☐	☐	**SQUATTING**	☐	☐
SITTING	☐	☐	**REPETITIVE HAND**	☐	☐	**CRAWLING**	☐	☐
BENDING/STOOPING	☐	☐	KEYBOARDING	☐	☐			

If you have an impairment in any of the following, that would affect your performance, check box and describe below.

Vision ☐ **Taste** ☐ **Speech** ☐ **Smelling** ☐ **Touching** ☐ **Hearing** ☐

Descriptions: _____

_____

_____

If you have a communicable disease, list precautions that must be taken to protect employees/customers: _____

_____

Are you currently on any medications? If yes, please describe: _____

With my signature, I confirm that the above statements are true. Further, I understand that by misrepresenting my physical conditions that any injury or aggravation to pre-existing conditions will not be compensable under Workers Compensation.

_____ _____

Signature: **Date:**