

**WITHAM FAMILY HOTELS  
APPLICATION FOR EMPLOYMENT**

**Application submitted to:**

**(PLEASE PRINT)**

\_\_\_\_\_  
(Name of Property)

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

NAME \_\_\_\_\_ SS # \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

LOCAL ADDRESS \_\_\_\_\_ ( ) \_\_\_\_\_  
STREET CITY STATE ZIP TELEPHONE

PERMANENT ADDRESS \_\_\_\_\_ ( ) \_\_\_\_\_  
(IF DIFFERENT FROM ABOVE) STREET CITY STATE ZIP TELEPHONE

ARE YOU 18 YEARS OF AGE OR OLDER?  YES  NO ARE YOU CURRENTLY A STUDENT?  YES  NO

SEX:  MALE  FEMALE

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF A VISA OR IMMIGRATION STATUS?  
 YES  NO

**EMPLOYMENT DESIRED**

POSITIONS \_\_\_\_\_ AVAILABILITY: FROM \_\_\_\_\_ THRU: \_\_\_\_\_

ARE YOU EMPLOYED NOW?  YES  NO IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?  YES  NO

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?  YES  NO WHEN? \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**EMPLOYMENT HISTORY**

COMPANY NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_ ( ) \_\_\_\_\_  
STREET CITY STATE ZIP TELEPHONE

EMPLOYED FROM (month & year): \_\_\_\_\_ TO: \_\_\_\_\_ WEEKLY PAY START: \_\_\_\_\_ LAST: \_\_\_\_\_

STATE JOB TITLE AND DESCRIBE YOUR WORK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_ ( ) \_\_\_\_\_  
STREET CITY STATE ZIP TELEPHONE

EMPLOYED FROM (month & year): \_\_\_\_\_ TO: \_\_\_\_\_ WEEKLY PAY START: \_\_\_\_\_ LAST: \_\_\_\_\_

STATE JOB TITLE AND DESCRIBE YOUR WORK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL \_\_\_\_\_ NAME AND CITY/STATE \_\_\_\_\_ CIRCLE LAST YEAR COMPLETED  
1 2 3 4

COLLEGE \_\_\_\_\_ 1 2 3 4

TRADE, BUSINESS OR  
CORRESPONDENCE  
SCHOOL \_\_\_\_\_ 1 2 3 4

SUBJECTS STUDIED AND DEGREE(S) RECEIVED SINCE HIGH SCHOOL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Give the names of two persons not related to you, whom you have known for at least one year.

NAME RELATIONSHIP TELEPHONE YEARS KNOWN

1. \_\_\_\_\_ ( ) \_\_\_\_\_

2. \_\_\_\_\_ ( ) \_\_\_\_\_

**OTHER INFORMATION**

DO YOU CURRENTLY HOLD A VALID DRIVER'S LICENSE?  YES  NO

DO YOU HAVE ANY PHYSICAL LIMITATIONS TO PERFORMING JOB DUTIES?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU A VETERAN?  YES  NO

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ ( ) \_\_\_\_\_  
NAME RELATIONSHIP TELEPHONE

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT MAY BE SUBJECT TO MY SUCCESSFULLY COMPLETING A PRE-EMPLOYMENT PHYSICAL EXAM, AND FURTHER, I AUTHORIZE THE EXAMINING PHYSICIAN TO RELEASE RELEVANT INFORMATION REGARDING THE RESULTS OF THIS EXAM TO THE BAR HARBOR INN.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.**