Reset Form

THE OSTHOFF RESORT

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONAIRE. The Osthoff Resort is an Equal Opportunity Employer

Last Name | First Name | Middle Name

PERSONAL INFORMATION

Name _____
LAST FIRST MIDDLE INITIAL

Present Address _____
STREET CITY STATE ZIP CODE

Permanent Address_____
STREET CITY STATE ZIP CODE

Home Phone Number_____Cell_____ Are you 18 Years or Older? YES NO

Email Address _____

EMPLOYMENT DESIRED

Position(s) Applying For _____ Date You Can Start_____ Wage/Salary Desired $_____

Have you Ever Worked at The Osthoff Resort Before? YES NO If Yes, What Department? _____ Dates:_____

Day Availability (MARK ALL THAT APPLY) MON TUE WED THU FRI SAT SUN

Time of Day Available (MARK ALL THAT APPLY) Morning Afternoon Evening

Type of Position Desired Full Time Part Time Seasonal/Temporary - Dates:_____ to_____

Referred By? (Employee's Name, Newspaper Name, Internet Site, etc.) _____

I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. ** Yes No

Have you ever been convicted of a felony? ** Yes No If Yes, Please Explain: _____

_____

** THESE QUESTIONS MUST BE ANSWERED IN ORDER TO BE CONSIDERED FOR EMPLOYMENT

EDUCATION	Name and Location of School	Number of Years Attended	Did You Graduate	Subjects Studied
Grammar School			YES NO	
High School or GED			YES NO	
College			YES NO	
Trade, Business, or Correspondence School			YES NO	

GENERAL

Job Related Training Courses, Job Related Skills, Job Related Certificate(s) and License(s), or Special Remarks:_____

_____

_____

THE OSTHOFF RESORT

P.O. Box 151 • 101 Osthoff Avenue • Elkhart Lake, WI 53020-0151 • Phone (920) 876-3366 • Fax (920) 876-5855 • hr@osthoff.com

(Continued On Other Side)

MILITARY EXPERIENCE

U.S. Armed Forces ◯ YES ◯ NO

Branch of Service	Years of Active Duty	Date of Separation from Active Duty	Rank

FORMER EMPLOYERS (LIST BELOW THE LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)

Date Month and Year	Name and Address of Employer	Phone Number	Salary	Position Title	Duties and Responsibilities	Reason for Leaving
From: To:		May we contact Employer? ◯ YES ◯ NO				
From: To:		May we contact Employer? ◯ YES ◯ NO				
From: To:		May we contact Employer? ◯ YES ◯ NO				
From: To:		May we contact Employer? ◯ YES ◯ NO				

Please explain any gaps in employment _____

_____

Which of these jobs did you like the best, Why? _____

_____

What did you like most about the job, Why? _____

_____

REFERENCES (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

Name	Phone Number	Relationship	Years Acquainted
1.			
2.			
3.			

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 applications may be rejected and, if I am employed, my employment may be terminated at any time.

Applicant Signature _____ Date: _____