

Employment Application • 3303 S Center St, Marshalltown, IA 50158• www.rockislandinnandsuites.com • (641) 752-6321

Last Name First				M.I.		Date		
Street Address			Apartment/Unit #					
State			ZIP					
) Desired amou			nt of hours/week - Max: Min:					
	Desired Starting Wage:							
How	How did you hear about the position?							
□ NO □	NO  Are you 18 years of age or older?  YES  NO							
NO [	NO  Are you 16 years of age or older (Housekeeping)? YES  NO  NO							
□ NO □	NO  If so, what?							
□ NO □	] If yes	es, explain						
T								
Address								
NO [			Diploma		GE	ED		
Address								
NO 🗌			Degree					
<b>Other</b> Address								
NO 🗌			Degree					
· · · · · · · · · · · · · · · · · · ·								
REFERENCES								
Please list three professional (non-family member) references.								
Full Name			Relationship					
Company			Phone ( )					
Full Name			Relationship					
		Phone ( )						
Full Name			Relationship					
		Pho	Phone ( )					
	How of NO NO Address NO Address NO Address	State  Desired amount  How did you h  NO Are y  NO Are y  NO If so,  NO If yes  Address  NO Address  NO Address  NO Address	State    Desired amount of I     Desired     Desired     NO	State  Desired amount of hours/week - Maximus Desired Starting Wage:  How did you hear about the position  NO	State   ZIP     Desired amount of hours/week - Max:     Desired Starting Wage:     How did you hear about the position?     NO	Apartment/No State		

PREVIOUS EMPLOYMENT								
Company:			Phone (					
Address:			Supervisor:					
Job Title:	Start	ing Salary \$		Ending Salary \$				
Responsibilities:								
From: To: Eligible for I			Rehire? YES  NO					
Reason for Leaving:								
May we contact your previous supervisor for a reference? YES NO								
If No, please explain:								
Company:			Phone (	)				
Address:			Supervisor:					
Job Title:	Start	arting Salary \$		Ending Salary \$				
Responsibilities:								
From: To: Eligible for R			Rehire? YES \( \subseteq \text{NO} \subseteq					
Reason for Leaving:								
May we contact your previous supervisor for a reference? YES NO								
If No, please explain:								
Company:		Phone (	)					
Address:			Supervisor:					
Job Title:	Starting Salary \$			Ending Salary \$				
Responsibilities:								
From: To:		Eligible for I	Rehire? YES \( \square\) NO \( \square\)					
Reason for Leaving:								
May we contact your previous supervisor for a reference? YES NO								
If No, please explain:								

LIST ALL DAYS AND HOURS/SHIFTS THAT YOU ARE AVAILABLE TO WORK FRONT DESK SHIFT HOURS: 7AM-3PM, 3PM-11PM, 11PM-7AM HOUSEKEEPING SHIF	T HOURS: 8AM-4PM					
Mondays:						
Tuesdays:						
Wednesdays:						
Thursdays:						
Fridays:						
Saturdays:						
Sundays:						
ADDITIONAL SKILLS AND TRAINING						
DISCLAIMER AND SIGNATURE						
PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT						
Rock Island Inn & Suites is an Equal Opportunity Employer. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.						
I certify that my answers on this application and its supporting documents are true and complete to the best of my knowledge. I understand and agree that misrepresentation or omission of facts represents grounds for elimination from consideration for employment, or termination after employment, if discovered at a later date. I authorize Rock Island Inn & Suites to investigate, without liability, all statements contained in this application and all supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if offered, does NOT constitute a contract for continued guaranteed employment. I understand that employees of Rock Island Inn & Suites serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States.						
If this application leads to employment, I understand that false or misleading informati may result in my release.	on in my application or interview					
Signature	Date					