

GOULDING'S™

MONUMENT VALLEY



Goulding's Lodge is committed to a policy of providing equal employment opportunities to all employees and applicants for employment without regard to race, color, age, gender, religion, national origin, marital status, sexual orientation, physical or veteran status, disability, genetic information or any other characteristic protected by law. If an accommodation is required, it is the responsibility of the candidate to inform the Human Resources representative.

APPLICANT INFORMATION										
Last Name:		First:		M.I.:		Date:				
Street Address:						Apartment/Unit #:				
City:				State:			ZIP:			
Phone:				E-mail Address:						
Date Available:					Desired Salary:					
Position(s) Applied for:										
Availability: Check all that apply.	Full-Time_____	Part-Time_____	Days_____	Evenings_____	Saturdays_____	Sundays_____				
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have reliable transportation?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for Goulding's?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain.							
EDUCATION										
High School:				Address:						
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College:				Address						
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other:				Address						
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
PREVIOUS EMPLOYMENT										
Company:					Phone:					
Address:					Supervisor:					
Job Title:			Starting Salary:	\$	Ending Salary:		\$			
Responsibilities										
From:	To:	Reason for Leaving:								
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Company:					Phone:					
Address:					Supervisor:					

Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company:				Phone:	
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
MILITARY SERVICE					
Branch:			From:	To:	
Rank at Discharge:			Type of Discharge:		
REFERENCES					
<i>Please list three professional/personal references.</i>					
Full Name:				Relationship:	
Company:				Phone:	
Full Name:				Relationship:	
Company:				Phone:	
Full Name:				Relationship:	
Company:				Phone:	
ADDITIONAL INFORMATION					
Please describe any additional experience, skills, training, licenses or languages spoken that should be considered.					
DISCLAIMER AND SIGNATURE					
I certify that all information I have supplied in this application and in any other form, oral or written, is true and accurate. I agree that any misstated, misleading, incomplete or false information is grounds for rejection of this application, refusal to hire or immediate discharge without recourse.					
Signature:				Date:	