

**APPLICATION FOR EMPLOYMENT**

Date of Application \_\_\_\_\_

Equal Opportunity Employer

**Kenl Inn Inc. 10241 E Old Cheney Rd, Lincoln, NE**



**Kenl inn is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment. Applicants requiring reasonable accommodation in the application and/or interview process should notify the Executive Director, Ron Anderson, 402/488-8190, ron@kenl-inn.com**

**If an offer of employment is made, you will be required to take a drug screen and background check.**

Please specify the position(s) and/or type of work for which you are applying:

Type of employment desired:  Full Time  Part Time  Temporary Desired Salary \_\_\_\_\_

How did you hear about the position (radio, website, journal star, internet, TV, referral, etc.)?

Legal Name (Print) \_\_\_\_\_

Current Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
NUMBER AND STREET CITY, STATE, ZIP CODE

Permanent Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
NUMBER AND STREET CITY, STATE, ZIP CODE

Have you ever applied with us?  Yes  No If yes, month and year

Have you ever been employed by us?  Yes  No When? From

If yes, what capacity? \_\_\_\_\_

Do you know anyone who is employed with us?  Yes  No

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

What days and hours are you available to work? \_\_\_\_\_

If hired, what date can you start working? \_\_\_\_\_ Can you work on evenings, weekends and holidays? \_\_\_\_yes \_\_\_\_no

Are you available to work overtime? \_\_\_\_\_

Do you have anything scheduled in near future (i.e., vacation, etc.) that may affect your ability to work overtime, weekends, evenings, holidays, etc.?

If so please explain. \_\_\_\_\_

If the position requires you to operate a company vehicle please complete the following:

- Do you have a reliable way to get to work?  Yes  No
- Do you have a valid driver's license?  Yes  No
- Are you subject to any driving restrictions?  Yes  No If yes, explain
- Has your driver's license ever been suspended or revoked?  Yes  No If yes, date

Explain \_\_\_\_\_

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Have you ever been charged with a misdemeanor or felony other than a minor traffic violation? List and explain.

Yes  No

If yes, please explain

	Grade, Trade, or High School	Technical, Business School, College	Graduate School
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High School Name	Location
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List Every Business, Trade School, or College Attended	Location (Address, City, State, Zip)	Dates Attended (From – To)	Degree Received/ Course of Study

Were you involved in any extracurricular activities in high school or college that you feel could be beneficial to you in the position you are applying for? (Organizations, offices held, awards, honors received, etc.)

Yes  No    If yes, please explain

Do you currently have any specialty license(s) or an apprenticeship(s) other than from your above schooling?  Yes  No

If yes, please list

## PRESENT AND PREVIOUS EMPLOYMENT

(Show most recent employment first)

STARTING SALARY	COMPANY	CITY AND STATE	PHONE NUMBER	SUPERVISOR
\$ _____	Please list the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at the company. Please complete all blanks thoroughly. Incomplete blanks will not be accepted.			
<b>FROM</b> MO _____ YR _____	TITLE OF POSITION HELD AND DUTIES PERFORMED:			
<b>TO</b> MO _____ YR _____				
<b>ENDING SALARY</b> \$ _____	REASON FOR LEAVING			

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May we contact your present employers?  yes  no Please explain. \_\_\_\_\_  
 Did you complete the application yourself?  yes  no. If not, who did? \_\_\_\_\_



**ATTACH COVER LETTER & RESUME**  
**(attaching Cover Letter & Resume preferred, but not required)**

Please list the name and phone number of three references

Name _____	Phone Number (____) _____	Relationship _____
Name _____	Phone Number (____) _____	Relationship _____
Name _____	Phone Number (____) _____	Relationship _____

**Important**  
**Read Carefully and Initial Each Paragraph Before Signing**

By my signature and initials placed below, I understand that the information provided in this employment application (and accompanying resume, if any) is true and complete; and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to notify the company if any information provided in this application changes while my application is pending or during my period of employment if hired.

\_\_\_\_\_ Initials

I authorize the investigation of all statements contained in this application. I also authorize the company to contact my present employer (unless otherwise noted in my application), past employers, and listed references. I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I release such persons and organizations from legal liability in providing the above information.

\_\_\_\_\_ Initials

I authorize any person, school, current employer (unless otherwise noted in my application), and organizations named in this application form to provide the company with relevant information that may be useful to the company in making a hiring decision; and I release such persons and organizations from any legal liability in making such statements.

\_\_\_\_\_ Initials

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME. I understand that I am free to resign at any time. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

\_\_\_\_\_ Initials

This application is current for 90 days. At the conclusion of this time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to fill out a new application.

\_\_\_\_\_ Initials

The Company is an Equal Opportunity Employer. We do not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

\_\_\_\_\_ Initials

I give permission for a complete pre-employment physical examination, including a drug-screening exam if an offer of employment is made. I consent to the release to the Company any and all medical information as may be deemed necessary in judging my capability to do the work for which I am applying.

\_\_\_\_\_ Initials

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

*THIS APPLICATION FOR EMPLOYMENT WILL REMAIN ACTIVE FOR 90 DAYS.*