HOTEL LENHART P. O. Box 449, Bemus Point, NY 14712

Phone 716 386-2715 Fax 716-386-5404 www.hotellenhart.com

Application for Employment

Namefirst	middle	last			
Address	madic				
Street		City	State	Zip	
Phone	Mobile Phon	ie	Email Address		
Age: 14 or 15 1	6 or 17 1	8 or older (req	uired by liquor an	d labor laws)	
Available Date	To:P	osition Desired	Sal	ary Expected	
If hired, do you have a rel	iable means of tra	nsportation to get to v	vork?		
Are you legally eligible fo	or employment in t	the U.S.? P.	roof is required if	hired	
List times you are not ava	ilable for work?				
Are you willing to work o	vertime? W	/eekends? F	Holidays?		
Name, address and phone			-		
•	•	et in case of emergen	•		_
					_
Dates From/To	Name and Ac	our previous occupation of Employer	Position	Salary Receive	
	ot name relative, p	revious employers or		ttach reference with a	pplication.
<u>NAME</u>		<u>ADDRESS</u>	<u>O</u>	CCUPATION	
		I ('C 11.1			_
		I certify all the above	ve statements to b	e true.	
Applicant's Signature			Date		
Date Hired	Start Date	End Date		Last Day	
Position	Alternate Position Rate				
4-20					