

EMPLOYMENT BACKGROUND: Provide the following information for your last four employers or volunteer activities, started with the most recent.

From	To	Company	Telephone # ()
Job Title	Address		City State
Immediate Supervisor	Summarize Job Duties		
May we Contact for Reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for Leaving	Wage/Salary \$ _____ per _____		

From	To	Company	Telephone # ()
Job Title	Address		City State
Immediate Supervisor	Summarize job duties		
May we Contact for Reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for Leaving	Wage/Salary \$ per		

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May we Contact for Reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
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From	To	Company	Telephone # ()
Job Title	Address		City State
Immediate Supervisor	Summarize job duties		
May we Contact for Reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for Leaving	Wage/Salary \$ _____ per _____		

I understand and agree that, if hired by Blair Hotels/Comfort Inn/Holiday Inn/Buffalo Bill Village Resort, in any capacity, I may be required to work at night and on Saturdays and Sundays as needed. My work schedule will be subject to modification at any time. I understand and agree that my employment and compensation can be terminated with or without cause or notice at any time and at the option of the Company or myself. I understand that no company representative has the authority to enter into any agreement for employment for a specific period of time or to make any agreement contrary to this.

I authorize a thorough investigation to be made in connection with any application for employment including my employment history, character, general reputation and personal characteristics, whichever may be applicable. I understand that this investigation may include personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. I authorize my present employer, my former employers, any educational institution, any law enforcement organization, any consumer reporting agency, or any other appropriate source or individual to provide all information that is requested in connection with such an investigation. I understand that if an investigation report is requested from a consumer reporting agency, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation requested. I release the Company and all personal from any liability or any damage that may result from this information being furnished to the Company. This release extends to all pertinent information, personal or otherwise.

I further agree to take any lawful examination or test required by the Company as a condition to being hired, or if I am hired, as a condition of my continued employment. I agree that my refusal to take any such lawful examination or test will result in immediate termination.

An offer of employment may be conditioned upon the applicant's submitting to a pre-employment drug screening. An associate who tests positive or refuses to consent to testing is subject to discharge. I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am hired, false statements on this application or during any interview may result in immediate termination. I further understand that if I am hired, I am required to abide by all rules and regulation of the Company.

I also understand this application will be held for consideration for employment, on active file for a period of 45 days.

Signature of Applicant

Date



RELEASE AUTHORIZATION

As a condition to my application for employment being considered and, if hired, during the time of my employment (including contract for services) with you, I understand that investigative background inquiries may be made on myself including consumer, criminal, driving and other non-medical reports. These reports may include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other non-medical experiences.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information to the Human Resources Director of Blair Hotels in Cody, Wyoming:

Print Full Name: _____

Social Security No.: _____ - _____ - _____ Date of Birth: ____/____/____*
Month Day Year

Current Address: _____

City/State/Zip: _____

Telephone No: (____) _____ - _____

Driver's License No: _____ State: _____

Applicant's Signature: _____ Date: _____

*Date of Birth is being requested in order to obtain accurate retrieval of records.