

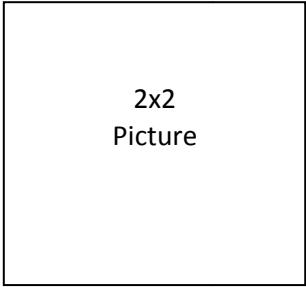
EMPLOYMENT APPLICATION FORM



The Orchard Cebu

HOTEL & SUITES

A.S. Fortuna, Bakilid, Mandaue City, Cebu
Tel No. (032) 3441322
www.theorchardcebu.com



Position Desired _____

Name _____
Last First MI

Address _____

Telephone No _____ Mobile No _____ Email _____

Date of Birth _____ Place of Birth _____ Age _____

Gender _____ Civil Status _____ Nationality _____

If necessary for the job, can you provide a valid Drivers License? Yes No DL# _____

Type of employment desired: Full Time Part-Time

Days available: Monday Tuesday Wednesday Thursday Saturday Sunday

Hours available: 6am-2pm 2pm – 10pm 10pm-6am Willing to work overtime Yes No

Dates I am available to work: ___/___/___ until ___/___/___

Are you related to someone currently employed at The Orchard or RAK? Yes No Name: _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

Start with most recent position, furnish dates and explanations for each period of unemployment of one month or more.

Employer Name and Address:	
Telephone Number:	Supervisor:
Position:	Salary:
Dates of Employment:	
Duties:	
Reason for Leaving:	

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Telephone Number:	Supervisor:
Position:	Salary:
Dates of Employment:	
Duties:	
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EDUCATION AND TRAINING

	Years Completed	Field of Study	Graduate or Degree
High School			
College / University			
Business/Technical/Other			

Vocation or technical courses studied: _____

Business or secretarial courses studied: _____

List any type of computer software / equipment and other office equipment you can use proficiently: _____

Summarize other employment related to this job: _____

List other knowledge, languages, special technical or computer skills, and/or individual capabilities you have which especially prepare you for the position for which you have applied: _____

REFERENCES List 3 personal references who are not relatives or former supervisors.

Name	Address/Phone	Occupation	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Statement – Please read carefully

I have answered all questions to the best of my ability. If employed, I realize false information or misrepresentation of the facts will be grounds for dismissal. I authorize any necessary inquiries as to my character, reputation, and ability and release those supplying any information from all liability. I understand that all offers of employment are contingent upon medical and drug test results. I understand and agree to the above statement.

Applicant Printed Name & Signature

Date