



Selam Hospitality Services, Inc.

15571 Finch Avenue • Apple Valley, MN 55124

Phone: (952) 997-7778 • Fax: (952) 997-7781

DATE _____

DATE OF BIRTH _____

NAME _____ SOCIAL SECURITY# _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. REFERED BY _____

IN CASE OF EMERGENCY NOTIFY _____
NAME ADDRESS PHONE #

US MILITARY OR NAVAL SERVICE RANK PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES ____ NO ____
IF YES, GIVE DETAILS

POSITION DESIRED

DO YOU HAVE A CURRENT DRIVER'S LICENSE? CAR?

ARE YOU EMPLOYED? WHERE? WHEN?

HOURS AVAILABLE

	MON	TUE	WED	TH	FRI	SAT	SUN
A.M.							
P.M.							

EDUCATION

	NAME AND LOCATION OF SCHOOL	*YEARS ATTENDED	* DATE GRADUATED	DEGREE/CERTIFICATION
HIGH SCHOOL				
COLLEGE				
ADDITIONAL TRAINING				

FORMER EMPLOYERS:

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER SUPERVISOR'S NAME	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES:

GIVE BELOW THE NAMES OF THREE WORK RELATED REFERENCES

NAME	ADDRESS	COMPANY/POSITION	PHONE

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEW ASSESSMENT SUMMARY

PROFESSIONAL APPEARANCE _____

STRENGTHS _____

WEAKNESSES _____

GENERAL COMMENTS _____

RECOMMENDED ACTION _____

INTERVIEWER _____