

## HISTORIC DOWNTOWN DURANGO

699 Main Avenue, Durango, CO 81301 (970) 247-4431

## **Application for Employment**

Your complete application form will be maintained for One (1) year from the date of application. You may submit a new application at any time. You may attach a resume, but please complete this application as well.

D1 D	4			Date		
Please Print Last Name		First Name			MI	
Mailing Ad	dress					
City		State		Zip		
Home Phone		Cell Phone	Cell Phone		Email or other contact info	
Alternate C	Contact Information					
Name				Phone		
Position(s)	n(s) Applying for: Days/Hours Available:					
☐ Full Tim	ne Part Time	☐ Summer Only ☐ Te	emporary	Desired wage	e: \$	
-		Yes 🛘 No Will		•	s 🛘 No	
	n you submit proof of years or older? 🏻 Ye	legal right to work in the $\square$	ne US? □ Yes □	☐ No		
Have you ever worked for the Strater Hotel?  \Box No \Box Yes - Date: Position:						
Do you have any relative who currently work at this location? $\square$ No $\square$ Yes - names & positions:						
EDIIO A MI	OW					
EDUCATI			" 677	0 1 10		
Level HS	Name and Location	of School	# of Yrs	Graduated?	Subjects Studied	
College						
Other						
Other Degr	rees/licenses held:		•	·		
Activities (	Civic, athletic, hobbie	s, etc.)				
Which lang	guage(s) other than Er	nglish do you speak <i>flue</i>	ently?			
How did you hear about the position? (check one)  □ Durango Herald □ Craigslist □ Telegraph □ Internal Posting □ Walk in  □ Referral □ (name) □ Other:						

WORK HISTORY			
		n about your employment history for the past se r which you are applying for. You may include	
Please complete ever	ne postiton joi n if vou are atta	ching your resume. Please attach a separate sl	neet of paper explaining any
gaps in employment			
From	То	Company name and address	Type of Business
		Reason for leaving	Duties
Supervisors Name		Supervisors Contact information	
		☐ Permission to contact	
From	То	Company name and address	Type of Business
		Reason for leaving	Duties
Supervisors Name		Supervisors Contact information	
		☐ Permission to contact	
From	То	Company name and address	Type of Business
		Reason for leaving	Duties
Supervisors Name		Supervisors Contact information	
		☐ Permission to contact	
What makes you wa	nt to work at th	ne Strater?	
Why should we hire	voi15		
	<i>y</i> ou:		

PROFESSIONAL REFERENCES	
List the name, phone number and relationsh	ip of three individuals (not relatives):
1.	
2.	
3.	
A	CKNOWLEDGEMENT
PLEASE READ CAREFULLY	, INITIAL EACH PARAGRAPH AND SIGN BELOW
that any misrepresentations made on this discharge. I understand that employment terminate the relationship at any time, for a Strater Hotel, I will abide by the company rule.  The use, possession, or being	under the influence of illegal drugs or alcohol while on Company
hereby agree to submit to any lawful drug required as a condition of employment and course of my employment may result in dis physician, hospital, laboratory, or collection examination or other information which may	inary action, up to and including termination of employment. I or integrity testing or post-offer medical examination that may be a understand that refusal to submit to such testing during the ciplinary action, up to and including discharge. I authorize any in site to release to the Strater Hotel the results of any test or y be necessary to determine my ability to perform the duties of a to employment or in the future during my employment with the
Date Sign	nature
accordance with the requirements of all ap	Employer and does not discriminate in hiring or employment, in plicable federal, state and local laws, on the basis of race, color, gnancy, national origin, ancestry, age, marital or veteran status, on or any other protected characteristic.