



302 River Street - P.O. Box 1135
Leland, Michigan 49654
231-256-9971 or 888-257-0102
www.theriverside-inn.com
info@theriverside-inn.com

Job Application Form

Position Applying for:

1. Personal details

Last Name:

First Name:

Permanent Address:

Summer Address:

Zip code:

Telephone No.

E-mail address:

If under 18 please list age:

Are you over 21 years of age?

Yes No

Do you hold a full, clean driving licence valid in the USA?

Yes No

Drivers License No.

Transportation to Work:

2. Preferred hours

Please mark

Full time

Part time

Seasonal

If seasonal, last date available:

Are you legally able to be employed in this country?

Yes No

We like our employees to be willing to work flexibly across the week and need to know when other commitments mean you could not be available to work:

Please mark when you are unavailable:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

3. Education/Qualifications

School (11+)	Study Dates	Qualification	Date Obtained
College/University	Study Dates	Qualification	Date Obtained
Ongoing Professional Development	Study Dates	Qualification	Date Obtained

Skills Profile

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4. Employment History

Previous Employment: Please include any previous experience (paid or unpaid), starting with the most recent first.

Current or most recent employer

Name of Employer:

Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>
Zip code:

Position Held:

Date Started:

Leaving Date:

Reason for Leaving:

Salary on leaving this post:

Contact Name for reference:

Brief description of duties:

Previous employer

Name of Employer:

Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>
Zip code:

Position Held:

Date Started:

Leaving Date:

Reason for leaving:

Salary on leaving this post:

Contact Name for reference

Brief description of duties:

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Previous employer

Name of Employer:

--

Address:

Zip code:

Position Held:

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Date Started:

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Leaving Date:

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Reason for Leaving

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Salary on leaving this post:

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Contact Name for reference

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Brief description of duties:

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5. References

Please give the detail of **three** references – see guidance sheet for further information.

Name and relationship to you:

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Address:

Zip code:	
Email:	Tel:

Name and relationship to you:

Address:
 Zip code:
Email: Tel:

Name and relationship to you:

Address:
 Zip code:
Email: Tel:

6. Declaration

Application to be Signed by the Applicant

Please sign in the appropriate place below. If not completed and signed, your application will not be considered.

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Signed:

Date:

Please return this form to the following address: P.O. Box 1135 | Leland, Michigan 49654

Or alternatively email it to: info@theriverside-inn.com