

# MCCA HILL'S CROSSING

## MOTEL AND DAIRY BAR

GLEN LAKE, MICHIGAN

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### APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

**PERSONAL INFORMATION:** DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER YES / NO

LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE US? YES NO

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS? YES NO

DESCRIBE: \_\_\_\_\_

\*THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40, BUT LESS THAN 70 YEARS OF AGE.  
\*\*YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED.

**EMPLOYMENT DESIRED:**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ WAGE/SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE YOUR PRESENT EMPLOYER? \_\_\_\_\_

**EDUCATION:**

NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

**FORMER EMPLOYERS: (Please list your three most recent employers).**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	WAGE/SALARY
1)FROM- TO-		
POSITION _____		
REASON FOR LEAVING _____		

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	WAGE/SALARY
2)FROM- TO-		
POSITION _____		
REASON FOR LEAVING _____		

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	WAGE/SALARY
3)FROM- TO-		
POSITION _____		
REASON FOR LEAVING _____		

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**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

NAME	ADDRESS	BUSINESS	YRS ACQUAINTED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

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**PHYSICAL RECORD:**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

PLEASE DESCRIBE: \_\_\_\_\_

DO YOU USE TOBACCO PRODUCTS? YES / NO

IF YES PLEASE EXPLAIN: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

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NAME	ADDRESS	PHONE NO.
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**SKILLS:**

Please describe your level of experience as it pertains to the job you are applying for. Take time to mention all levels of customer experience and how comfortable you would be handling difficult customers.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS SEASONAL AND NOT FOR DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**