

Application For Employment

The Byrncliff team exemplifies these values:

- A positive attitude toward co-workers and customers
- A sense of teamwork each and every day
- A commitment to anticipating & exceeding customer expectations
- Taking accountability for how we act and react each day
- Pride in ourselves and in Byrncliff

Byrncliff

RESORT AND CONFERENCE CENTER

2357 Humphrey Rd. Varysburg, NY 14167
585-535-7300 Fax: 585-535-7319
www.byrncliff.com info@byrncliff.com

Equal Opportunity Employer

Date:

PERSONAL INFORMATION

Name (Last Name First)

Social Security No.

Present Address

Permanent Address

Email Address

Phone No.

Referred By

EMPLOYMENT DESIRED

Position

Date You Can Start

Salary Desired

Are you employed? Yes No

If so, may we inquire of your present employer? Yes No

Ever applied to this company before? Yes No

If so, when?

EDUCATION HISTORY

Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
Grammar School			
High School			
College			
Trade or Business School			

GENERAL INFORMATION

Subjects of Special Study/Skills/Training

U.S. Military or Naval Service

Rank

APPLICATION FOR EMPLOYMENT

(OVER)

FORMER EMPLOYERS (List Below Last Four Employers Starting with the Last One First)				
Dates of Employment	Name & Address of Employer	Salary	Position(s)	Reason(s) for Leaving

REFERENCES Give the Names of Three Persons Not Related to You, Whom You Have Known At Least One Year			
Name	Address & Phone #	Business	Years Known

Have you ever been incarcerated? If yes, please explain.

AUTHORIZATION Thank you for submitting your application.
 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 reference and employers listed above to give you and and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may resold from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date	Signature
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Interviewed By	Date
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DO NOT WRITE BELOW THIS LINE

Remarks

Hired	Position	Salary/Wages
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