

**APPLICANT LEAVE BLANK**

Referred by: \_\_\_\_\_  
 Referred to: \_\_\_\_\_  
 Appointment: \_\_\_\_\_

# RAMAIDA®

## EMPLOYMENT APPLICATION

Today's Date \_\_\_\_\_ Salary Required \_\_\_\_\_  
 Position Applying For \_\_\_\_\_  
 1 \_\_\_\_\_  
 2 \_\_\_\_\_

**PLEASE PRINT PLAINLY:**

Name \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Other Names Under Which You Were Employed \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Permanent \_\_\_\_\_  
 Address \_\_\_\_\_ Street and Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Own \_\_\_\_\_ Neighbor \_\_\_\_\_  
 Are you of legal age to perform the duties of the position for which you are applying?  No  Yes

**IN CASE OF EMERGENCY NOTIFY:**  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

Are you a Citizen of the U.S.?  No  Yes If not, do you have U.S. Immigration authority to be employed in the U.S.?  No  Yes  
 Have you ever been convicted of a felony?  No  Yes If yes, explain \_\_\_\_\_

**EMPLOYMENT RECORD** List most recent employer first, next-to-last employer second, etc.  
 Account for all periods of unemployment over 30 days.

May we contact present employer?  Yes  No  Not Yet

COMPANY	DATES	SALARY	POSITION AND DUTIES	REASON FOR LEAVING
Name _____ Street _____ City & State _____ Supervisor _____ Phone _____	From _____ To _____	\$ _____ Per _____	Position: _____ Duties: _____	
Name _____ Street _____ City & State _____ Supervisor _____ Phone _____	From _____ To _____	\$ _____ Per _____	Position: _____ Duties: _____	

**EDUCATION Circle Highest Grade Completed: 6 7 8 H.S. 1 2 3 4 College, Trade or Business 1 2 3 4**

SCHOOLING	COURSES	DATES	GRADUATE?	DEGREE
Name (High School)				
City and State				
Name (College)				
City and State				
Name (College)				
City and State				
Name (Business)				
City and State				

Friends or Relatives who work for Ramada:

**REFERENCES — Do not give relatives**

Name _____	Occupation _____	Length of Acquaintance _____
Address _____	Phone# _____	Length of Acquaintance _____
Name _____	Occupation _____	Length of Acquaintance _____
Address _____	Phone# _____	Length of Acquaintance _____

**Additional Experience and Accomplishments:**

I CERTIFY THAT THIS INFORMATION IS ACCURATE AND COMPLETE. Giving incomplete or false information in an application for employment is a serious matter and is grounds for dismissal and forfeiture of related benefits. In connection with this employment inquiry, I authorize all corporations, companies, credit agencies, education institutions, persons, federal, state, county and local government agencies, including the Internal Revenue Service, law enforcement agencies, military services and former employers to release all information they have about me to Ramada Inc. or its agents and I hereby release each and every one who provides any such information and Ramada Inc. and its subsidiaries and its agents from any and all liability or responsibility for doing so. I further authorize the procurement of an investigative consumer report and understand that such report may contain information about my background, character and personal reputation. I further understand that employment can be terminated with or without cause or notice at any time at the option of either the company or the employee. Legally binding contracts of employment with Ramada Inc. are prohibited without the advance written approval of the Chief Executive Officer.

**PLEASE READ AND SIGN HERE**

**APPLICANT'S SIGNATURE X \_\_\_\_\_**

Interviewer Only: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

Date \_\_\_\_\_

**BUSINESS SKILLS**

Typing: \_\_\_\_\_ WPM  
 Shorthand: \_\_\_\_\_ WPM  
 Dictating Equipment \_\_\_\_\_  
 Adding Machine \_\_\_\_\_  
 Calculators \_\_\_\_\_  
 Word Processing Equipment \_\_\_\_\_  
 System \_\_\_\_\_  
 Switchboard \_\_\_\_\_  
 Key Punch \_\_\_\_\_  
 CRT Terminal \_\_\_\_\_  
 Other \_\_\_\_\_

**MILITARY RECORD**

In the Armed Forces of the United States

None

Date Entered \_\_\_\_\_  
 Date Discharged \_\_\_\_\_  
 Special Training \_\_\_\_\_