



AMWAY HOTEL CORPORATION

EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

(Please Print)

NAME _____ POSITION DESIRED _____
(FIRST) (MIDDLE) (LAST)

PRESENT ADDRESS _____ RATE OF PAY EXPECTED _____
(STREET)

(CITY) (STATE) (ZIP CODE) SOCIAL SECURITY NUMBER _____

TELEPHONE (____) _____ E-MAIL ADDRESS _____

CELL PHONE (____) _____ DATE AVAILABLE _____

I PREFER TO WORK FULL TIME PART TIME ON CALL

SPECIFY THE HOURS AND DAYS YOU ARE AVAILABLE FOR WORK _____

WERE YOU PREVIOUSLY EMPLOYED BY THE AMWAY HOTEL CORPORATION? YES NO

(AMWAY GRAND PLAZA/JW MARRIOTT GRAND RAPIDS/DOWNTOWN COURTYARD BY MARRIOTT)

IF YES, CIRCLE THE LOCATION(S) ABOVE, LIST SEPARATION DATE AND POSTITION(S) _____

HAVE YOU EVER SUBMITTED AN APPLICATION WITH THE AMWAY HOTEL CORPORATION BEFORE? YES NO

IF YES, GIVE DATE _____

DID SOMEONE REFER YOU TO THE AMWAY HOTEL CORPORATION? YES NO

IF SO, WHOM? _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

DO YOU HAVE RELATIVES CURRENTLY WORKING AT AGPH, JW MARRIOTT or DOWNTOWN COURTYARD? YES NO

IF YES, WHO? _____ RELATIONSHIP _____ LOCATION _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR DO YOU HAVE FELONY CHARGES PENDING? YES NO

IF YES, STATE WHERE, WHEN AND NATURE OF ALL OFFENSES _____

EDUCATION

SCHOOL	NAME	LOCATION	LEVEL COMPLETED	LIST DIPLOMA/DEGREE
High School				
College				
Other (Specify)				

WERE YOU EVER IN THE UNITED STATES ARMED FORCES? YES NO

IF YES, WHICH BRANCH _____ DATES OF SERVICE _____

PLEASE REVIEW THE JOB DESCRIPTION OF THE POSITION FOR WHICH YOU ARE APPLYING. CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT ACCOMMODATION? YES NO

DO YOU HAVE ANY SPECIAL SKILLS, EXPERIENCE OR QUALIFICATIONS RELATED TO THE POSITION APPLIED FOR? PLEASE LIST.

EMPLOYMENT HISTORY

LIST MOST RECENT EMPLOYMENT FIRST AND ACCURATELY COMPLETE ALL INFORMATION REQUESTED.

	COMPANY	DATES WORKED	POSITIONS HELD/DUTIES	STARTING/ENDING SALARY	REASON FOR LEAVING	SUPERVISOR'S NAME
1. Name		FROM _____ TO _____				
Address						
Phone						
2. Name		FROM _____ TO _____				
Address						
Phone						
3. Name		FROM _____ TO _____				
Address						
Phone						
4. Name		FROM _____ TO _____				
Address						
Phone						

PLEASE CIRCLE ANY EMPLOYER YOU WISH US NOT TO CONTACT

PERSONAL REFERENCES

DO NOT LIST RELATIVES OR EMPLOYERS

	NAME	ADDRESS	PHONE	YEARS KNOWN
1.				
2.				

I affirm that all the information in this application is true and complete, and I understand that any falsification, misrepresentation or omission in this or any materials I provide to the Amway Hotel Corporation may result in immediate dismissal from, or refusal of, employment.

I consent to and authorize the investigation of all statements contained in this application, including a security check and access to records of any former employers, police departments, schools or educational institutions, and other services concerning me, and authorize such sources (and the Amway Hotel Corporation hereafter) to release such information. (I waive any written notice of the release of such records as may be required by any state or federal law.)

I understand that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either myself or the Amway Hotel Corporation. I understand that no employee of the Amway Hotel Corporation has the authority to enter into agreement for employment for a specific period of time or make any agreement contrary to the foregoing.

APPLICANT SIGNATURE _____ DATE _____