

Application For Employment

Migis Hotel Group 400 Commercial Street, Suite 304 Portland, Maine 04101 Black Point Inn Higgins Beach Inn Inn at Ocean's Edge Migis Lodge The Shire Woodstock 250 Main

We consider applicants for all positions without regard to race, color, religion, creed, gender, gender identity, sexual orientation, national origin, ancestry, age, disability, marital or veteran status, or any other legally protected status.

LAST NAME	FIRST NAME	M.I.	TODAY'S DATE
ADDRESS			
CITY	STATE	ZIP Co	ODE
PHONE NUMBER(S)	EMAIL ADDRESS		Source of Application □ Paper
	Higgins Beach Inn	_	☐ Internet Site: ☐ Friend ☐ Other
Best Time to Contact You	Desired Rate of	of Pay	
Can you provide proof of your e	eligibility to work in the US?		□Yes □No
• • • • • • • • • • • • • • • • • • • •	on or been employed with us before osition(s)		□Yes □No
Are you currently employed?			□Yes □No
May we contact your present or	most recent employer?		□Yes □No
Have you ever been convicted If yes, please explain ar	of a felony? and give dates of conviction (this does	not exclude you	☐Yes ☐No from consideration):
Do you have reliable transporta	tion?		 □Yes □No

WORK AV	<u>AILADILII I</u>		Desired Start	Date _	/	/
Full Time	☐ Part Time ☐ `	Year Rou	ınd ☐ Seasonal >	From	/_	_/ To
	SCHEDULE RES	TRICTIO		se indica	ate dates	available for employment)
	<u></u>			-b [⊟ ⊏ ∞:	
	NOT WORK:	_		Thu [Fri	☐ Sat ☐ Sun
	<u>CANNOT</u> WORK:		Mornings 🔲 At	fternoo	ns	□ Evenings
EDUCATION						
	Name & Loca	tion	Course of Study		ars oleted	Diploma / Degree
High School						
Undergraduate College						
Graduate Studies						
Professional or Trade Studies						
Other						
WORK FX	PERIENCE	Pleas	se start with your pr	esent	or mos	st recent employer
Employer	LITTLITOL		Job Title	CSCIIC	Start D	
Location/ Addres	ss	Superviso	or		End Da	ate
Telephone Numl	ber	Reason f	or leaving		Rate of (option	
Summarize dutie	es/responsibilities:				<u>I</u>	
Employer		Position /	Job Title		Start D	ate

Location/ Address	Supervisor	End Date
Telephone Number	Reason for leaving	Rate of Pay
		(optional)
Summarize duties/responsibi	lities:	
Employer	Position / Job Title	Start Date
Location/ Address	Supervisor	End Date
Telephone Number	Reason for leaving	Rate of Pay (optional)
Summarize duties/responsibi	lities:	
•		
SKILLS, TRAINING	G AND ADDITIONAL INF	ORMATION
	related specialized skills, training, ap continuing education or military trainin	prenticeships, internships, certifications, a that is relevant to the position.
gaageoy, e	on many summer or many summer	g
	trade, business or civic activities and reveal any protected status, race, age,	
iembersinps which would i	even any protested status, rase, age,	gender, rengion, nandioap, etc.
	ation we should know al	
did you learn about our c	ompany? What interested you in the pos	ilion you are applying for ?

REFERENCES — List people who can comment on your <u>character</u>, <u>reliability</u>, and <u>work ability</u>

<u>**Do Not List Family Members or Friends**</u> (Work supervisors, teachers, etc. are preferred)

Name	Telephone Number	Relationship	Best Time to Contact
1			
2			
3			

APPLICANT'S STATEMENT AND SIGNATURE

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at a decision to employ. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer. Please Print Full Name Applicant Signature	APPLICANT 3 STATEMENT AND SIGNATURE				
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer. Please Print Full Name Applicant Signature	I certify that all information and answers given are complete and true.				
relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer. Please Print Full Name Applicant Signature	I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at a decision to employ.				
interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer. Please Print Full Name Applicant Signature	I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.				
Applicant Signature	In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.				
	Please Print Full Name				
Date of Application	Applicant Signature				
	Date of Application				

Please return completed application to: employment@migishotelgroup.com
If you cannot attach the application, you may also mail it to the address listed above

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

All applications will be reviewed by management of Migis Hotel Group and held on file for current season.