



Employment Application

Thank you for your interest in joining our team at The Spa at Norwich Inn!

Personal Information

First Name: _____ Last Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____ Email: _____

Position Applying For: _____ Desired Salary: _____

Days Desired: _____ Hours Desired: _____

Are you 18 years of age or older? Yes No

Do you have the legal right to work in the United States? Yes No
(You will be required to present proof of identity and employment eligibility.)

Are you a member of a state or federally recognized tribe? Yes No

Are you a member of the Mashantucket Pequot Tribal Nation? Yes No

Have you ever worked at Foxwoods, MPTN or any Entity of the Mashantucket Tribe? Yes No

Education

High School Name: _____ High School Location: _____

Years Completed: _____ Degree/Diploma: _____

College Name: _____ College Location: _____

Years Completed: _____ Degree/Diploma: _____

Technical School Name: _____ Technical School Location: _____

Graduation Date: _____ Degree/Diploma: _____

Other School Name: _____ Other School Location: _____

Graduation Date: _____ Degree/Diploma: _____

Employment Record

Company Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Position: _____ Reason For Leaving: _____

Company Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Position: _____ Reason For Leaving: _____

Company Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Start Date: _____ End Date: _____

Position: _____ Reason For Leaving: _____

How were you referred to our organization? _____

Do you have any relatives who are employed by this organization? Yes No

If yes, what is their name? _____

Military Service

Branch of Service: _____ Start Date: _____ End Date: _____

Rank & Type of Service: _____

Training/Experience Received: _____

References (Do Not Include Relatives)

Name 1: _____ Occupation: _____ Years Known: _____

Address: _____ Phone: _____

Name 2: _____ Occupation: _____ Years Known: _____

Address: _____ Phone: _____

Name 3: _____ Occupation: _____ Years Known: _____

Address: _____ Phone: _____

Federal law prohibits The Spa at Norwich Inn from hiring any person unless he/she presents documents which establish his/her identity and eligibility to work in the United States. Therefore, The Spa at Norwich Inn will require that each new hire present such documents as a condition of employment.

The Spa at Norwich Inn is an Equal Opportunity Employer and does not discriminate in hiring or employment, in accordance with the requirements of all applicable state and federal laws, including on the basis of race, religion, color, creed, sex, national origin, ancestry, age, physical or mental handicap, past or present disability, marital status, sexual orientation, or any other characteristic protected by applicable state or federal law.

I understand that I am not required to disclose information about physical or mental disabilities that I believe will not interfere with my job performance. However, if I want The Spa at Norwich Inn to consider special arrangements to accommodate a physical or mental disability, I may suggest the kind of accommodation that I believe would be appropriate for consideration by The Spa at Norwich Inn.

I understand that an investigative consumer report may be made concerning my character, reputation, personal characteristics and mode of living. I willingly consent to and authorize that such a report be made, which may include information regarding my credit. Information as to the nature and scope of this report may be obtained upon written request.

The use, possession, or being under the influence of illegal drugs or alcohol while on company time is prohibited and will result in disciplinary action, up to and including termination of employment. I hereby agree to submit to any lawful drug or integrity testing or post-offer medical examination that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I authorize any physician, hospital, laboratory or collection site to release to The Spa at Norwich Inn the results of any test or examination or other information which may be necessary to determine my ability to perform the duties of a job for which I am being considered, prior to employment or in the future during my employment with the Spa at Norwich Inn.

I understand that any misrepresentations made in this application will be sufficient cause for rejection of this application and/or for my termination from employment with The Spa at Norwich Inn. I certify that if employed by The Spa at Norwich Inn, I will abide by all company rules and regulations. I certify that the above statements have been read by me and that the statements I have made on this application are true and correct. I understand that The Spa at Norwich Inn is in no way obligated to provide employment and that I am in no way obligated to accept employment. I understand that my employment is terminable-at-will, that I am not being employed for any specified time, and that this application is not intended to be a contract for current or continued employment.

Signature: _____