

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

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**PLEASE READ THIS BEFORE FILLING OUT THE APPLICATION FORM**

A new application must be submitted for each position for which you are applying. Resumes are not accepted in lieu of an application, but may be attached for supplemental information. This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. All information given will be available only to persons who have a "need to know" or as required by law. This company will make reasonable accommodation in the application process, if needed.

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**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First M.I.

Present Mailing Address: \_\_\_\_\_  
Number and Street City State Zip Code

Street Address, if different from above: \_\_\_\_\_

Telephone Number: (circle one) home or cell: \_\_\_\_\_ Business/Message: \_\_\_\_\_

*Additional information will be required prior to employment.*

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**GENERAL INFORMATION**

Can you work legally in the United States?  Yes  No

If hired, documentation showing eligibility for employment in the United States and identity will be required.

Are you at least 14 years of age?  Yes  No

Are you at least 15 years of age?  Yes  No

Have you ever been convicted of a criminal offense? (A conviction will not necessarily disqualify an applicant)  
 Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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**RECORD OF EDUCATION**

School	Name and Address of School	Course of Study	Last Year Completed	Did you Graduate	List Diploma or Degree
High			<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> Yes	

			<input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> No	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Specify			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### EMPLOYMENT EXPERIENCE

List below all present and past employment beginning with your most recent. If you held more than one position with the same employer, please list each position separately.

<b>1</b>	Employer	From Month/Year	To Month/Year	Starting Wage	Ending Wage
	Street Address				
	City	State	Work Performed		
	Phone Number of Employer				
	Job Title				
	Supervisor				
	Reason for Leaving				

May we contact your current employer?  Yes  No

<b>2</b>	Employer	From Month/Year	To Month/Year	Starting Wage	Ending Wage
	Street Address				
	City	State	Work Performed		
	Phone Number of Employer				

Job Title	
Supervisor	
Reason for Leaving	

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Employer	From Month/Year	To Month/Year	Starting Wage	Ending Wage
Street Address				
City	State	Work Performed		
Phone Number of Employer				
Job Title				
Supervisor				
Reason for Leaving				

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Employer	From Month/Year	To Month/Year	Starting Wage	Ending Wage
Street Address				
City	State	Work Performed		
Phone Number of Employer				
Job Title				
Supervisor				
Reason for Leaving				

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Employer	From Month/Year	To Month/Year	Starting Wage	Ending Wage
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Street Address				
City	State	Work Performed		
Phone Number of Employer				
Job Title				
Supervisor				
Reason for Leaving				

Summarize any job-related special skills or qualifications. Include knowledge, skills and abilities not shown elsewhere in this application.

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If any of your relatives are employees InnTrusted LLC, please list their name and family relationship to you:

Name	Department	Relationship
Name	Department	Relationship

**EMERGENCY CONTACT:**

Name	Address	Phone
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This employment application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, educational institutions, custodians of official records or other sources. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity, or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby

release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I certify that the answers given by me to the foregoing questions and during interviews are true and correct without consequential omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.** I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

Signature of Applicant	Date

**InnTrusted LLC**  
3640 S Yellowstone Ave  
Idaho Falls, Idaho 83402

**InnTrusted Mission Statement:**

We are guided by our relentless focus of being the industry leader in hospitality management. Our mission is twofold: to create a culture of success and stability for our employees and their families; and to build lasting and memorable relationships with our guests, one outstanding stay at a time.

Our Core Principles:

- **Confident** and empowered employees who exceed guest expectations.
- **Consistent** and exceptional service to every individual, every day.
- **Committed** to our employees and to celebrating our success at every opportunity.
- **Compassionate** in our communities where we live and work.

**Please include with your application a paragraph on how you will help us fulfill our company mission.**