

# JOB APPLICATION

**High Country Suites**  
**1133 US-191, Pinedale, Wyoming 82941**  
**(307) 367-5770**

High Country Suites is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

## **Applicant Information**

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## **Employment Position**

What position(s) are you applying for? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

What days are you available for work? \_\_\_\_\_

What hours or shift are you available for work? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_

## **Personal Information**

Are you a U.S. citizen or approved to work in the United States? \_\_Yes \_\_No

Please list below the skills and qualifications you possess for the position for which you are applying:

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*(Note: High Country Suites complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)*

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Previous Employment**

**Employer Name:**

Job Title:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer Name:**

Job Title:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

**Employer Name:**

Job Title:

Supervisor Name:

Employer Address:

City, State and Zip Code:

Employer Telephone:

Dates Employed:

Reason for leaving:

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_