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Conn's Hospitality Group - Preserving History Through Hospitality

625 East Monroe, Springfield, IL 62701 | Phone: (217) 522-3123

Applying for: ____Obed & Isaac's ____Conn's Catering ___Inn at 835 ____ Wm. Van's

Last Name	First Name	Middle Name		Date of Application	
Address			City, State	Z	ip Code
() Primary Phone		Type (Cell or Home)	()Secondary Phon	e	Туре
Best Times to Reach	You	Ema	iil Address (optional)		
Are you legally authority	prized to work in the US?	YesNo Do	you, or will you ever,	require visa sponsorship?	YesNo
What type of position	n are you applying for?	Full Time	Part TimeTe	emporary/As Needed	
Position(s) Desired:_			Date A	Available:	
Preferred Shift(s):		Expected Sa	alary:	_ Are you working?	_YesNo
Do you have any frie	nds or relatives currently e	mployed by Conn's Hospi	tality Group?Yes	No If yes, pleas	se list below:
Have you ever applie	ed to, or worked for, Conn'	s Hospitality Group? If yes	s, please provide detail	ls:	
How did you become	e interested in applying for	Conn's Hospitality Group	?		

Education and Training:

Type of School	Name/Location	From	То	Major Courses	GPA	Degree (if received)
High School						
Business/ Technical						
College/ University						
Other Training						
Other Training						

Employment History – Please state your current or most recent employment first:

Employer #1	Address			
Phone Number	Type of Business	Position(s) Held		
Name of Supervisor	Month & Year Employment Started	Month & Year Employment Ended		
Reason for Leaving				
Brief Description of Duties				
Employer #2	Address			
Phone Number	Type of Business	Position(s) Held		
Name of Supervisor	Month & Year Employment Started	Month & Year Employment Ended		
Reason for Leaving				
Brief Description of Duties				
Employer #3	Address			
Phone Number	Type of Business	Position(s) Held		
Name of Supervisor	Month & Year Employment Started	Month & Year Employment En		
Reason for Leaving				
Brief Description of Duties				
Please list any employers you do not	wish us to contact:			
References – Please list three indi	viduals, who are not related to you, that are w	illing to provide character references:		
Name and Occupation:	City and State:	Phone:		
Name and Occupation:	City and State:	Phone:		
Name and Occupation:	City and State:	Phone:		

Signature of Applicant:____

Date: