



20 Greenwoods Road, Route 44
P.O. Box 58
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Phone 860-542-5531
Fax 860-542-5076

Administrative Offices
525 New Britain Avenue
Unionville, CT 06085
Phone 860-675-3212
Fax 860-673-6401

Statement of Values

Dear Applicant:

Welcome to Infinity Hall . Prior to completing the application for employment, please understand that we are serious about creating a productive working environment for our staff and maintaining the highest levels of quality, service and attention for our guests.

We want you to understand that we also believe in living our values, some of which are:

We believe in excellence in everything we do.

We believe in doing business in a professional and orderly manner.

We believe in honesty and integrity.

We believe that only a happy and professional staff can give the level of personal service we demand.

We believe in the ongoing training and development of our staff and see it as a worthy investment in the future of the company.

We believe in providing legendary service – the unique and powerful sort of personal care and attention that our guests tell stories about.

We believe that everyone is capable of being an A+ player.

If this feels like an environment for you, please complete the application.

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**** PLEASE PRINT CLEARLY ****

POSITION(S) APPLIED FOR _____ DATE: _____

APPLICANT INFORMATION:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone number(s): _____

Email address: _____

Emergency Contact: _____ Phone number: _____

DOB: _____

Are you legally eligible for employment in the U.S.? _____ (Proof of U.S. citizenship or immigration status is required if hired.) _____

EMPLOYMENT INFORMATION:

Are you seeking full time, part time or temporary employment? _____

What hours and shift(s) would you prefer to work?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am							
pm							

High School Graduate: Yes _____ No _____

School: _____ City/State _____

College Attended: _____ City/State _____

Years attended: _____ Degree Attained: _____

Work History

Employer: _____ Supervisor: _____

Address: _____ Phone #: _____
Job Description: _____ Wages: _____
Dates Employed: _____ to _____
Reason for leaving: _____
May we contact? Yes _____ No _____

Employer: _____ Supervisor: _____
Address: _____ Phone #: _____
Job Description: _____ Wages: _____
Dates Employed: _____ to _____
Reason for leaving: _____
May we contact? Yes _____ No _____

Employer: _____ Supervisor: _____
Address: _____ Phone #: _____
Job Description: _____ Wages: _____
Dates Employed: _____ to _____
Reason for leaving: _____
May we contact? Yes _____ No _____

Employer: _____ Supervisor: _____
Address: _____ Phone #: _____
Job Description: _____ Wages: _____
Dates Employed: _____ to _____
Reason for leaving: _____
May we contact? Yes _____ No _____

Other Qualifications: _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?
Yes _____ No _____

Have you received Workmen's Compensation or disability income payments?
Yes _____ No _____
If yes, please explain: _____

Do you have any injury that may preclude you from performing certain tasks?
Yes _____ No _____
If yes, please describe: _____

Authorizations

(please read carefully, then sign and date below)

I declare that the information provided in this employment application is true and complete and I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I agree to immediately notify this company if I should be convicted of a crime while my job application is pending or during my employment, if hired.

I authorize this company to make an investigation of all information contained in this employment application and I release from liability all companies and corporations supplying such information. I understand any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

I specifically authorize and direct my current and former employers to supply employment-related information to this company and do hereby release my current and former employers from liability for providing information to this company.

Upon termination of my employment for whatever reason, I release this company from all liability for supplying any information concerning my employment to any potential employer.

If requested, I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter. If requested, I will take a post-job offer physical examination and my employment, in the event I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job-related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company-designated physician.

Signature _____ Date _____

Name (please print) _____

Please return completed application to info@infinityhall.com or by mail at any of the above addresses.