

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color, or any other classification in accordance with federal, state, and local statutes, regulations and ordinances.

Preferred Hotel Name/Location of Employment:

		DATE	This application to be active for a period of 90 days only.	
Applicant Name (Please Give Complete Name)		Are you at least 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number	Home Phone
Present Address (Include City, State, Zip Code)				
Previous Address (If at Present Address Less Than 12 Months)				E-Mail Address
Current Open Position(s) for Which You Are Applying		Type of Position		Shift:
1)	2)	3)	<input type="checkbox"/> Full Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Any <input type="checkbox"/> Weekend <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Evening <input type="checkbox"/> Rotation
Hourly/Wage Requirement	Are You willing to work part time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If overtime work is required periodically, does this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available For Work	Are You Legally Authorized to Work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked at this facility or in a facility associated with the Hotel? If so when? <input type="checkbox"/> Yes () <input type="checkbox"/> No		If yes, what department?	Are you related to another facility employee? If so who? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn about this position? <input type="checkbox"/> State Employment Agency <input type="checkbox"/> Agency <input type="checkbox"/> Job Listing <input type="checkbox"/> Current Employee <input type="checkbox"/> Ad <input type="checkbox"/> School <input type="checkbox"/> Job Line <input type="checkbox"/> Internet <input type="checkbox"/> Other _____	Have you been convicted of a crime and/or released from confinement following a conviction for any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, place and nature of each such conviction.			
	Are you presently charged with any criminal violation of the law? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, place and nature of each such charge.			
	The Hotel is a drug free workplace. Are you willing to submit to a drug screening in connection with an employment offer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Educational History				
Type of School	Name of School City, State	Check Last Year Attended in School		Year of Degree or Certificate
Grade School/ GED		(6) (7) (8) Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
High School		(9) (10) (11) (12) Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No GED? <input type="checkbox"/> Yes <input type="checkbox"/> No What year did you graduate?		
College		(1) (2) (3) (4) Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No What year did you graduate?		
Graduate School		(1) (2) (3) (4) Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No What year did you graduate?		
Other Training		From (Mo/Year)	To (Mo/Year)	
List any professional licenses, registration or certification you possess (included Drivers License, if applicable.)		Clerical or other skills applicable to the position for which you are applying		
Type	State Issued	Expiration Date	Number	<input type="checkbox"/> Typing (_____ wpm) <input type="checkbox"/> PBX <input type="checkbox"/> Proficient in Software
_____	_____	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/> Business machines and/or equipment you can operate: _____
_____	_____	_____	_____	<input type="checkbox"/> Other _____

Do you have a valid driver's license? Yes No

Do you have reliable transportation? Yes No

Have you ever been fired from a job? Yes No If yes please explain:

Employment History Please provide a minimum of the most recent 10 years employment history, including any period of unemployment. Attach additional pages if needed.

Current or Most recent	From Mo	Yr.	To Mo	Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$				Address	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Job Title				Other reference with this employer		Reason for leaving
	Nature of duties						
1st Previous	From Mo	Yr.	To Mo	Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$				Address	Name while employed	
	Job Title				Reason for leaving		
	Nature of duties						
2nd Previous	From Mo	Yr.	To Mo	Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$				Address	Name while employed	
	Job Title				Reason for leaving		
	Nature of duties						
3rd Previous	From Mo	Yr.	To Mo	Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$				Address	Name while employed	
	Job Title				Reason for leaving		
	Nature of duties						

Professional References (Other than Relatives) Give two references that have good knowledge of your work.

Name	Position	Address (include City/State)	Phone- Work/Home	Number of Years Known
1.				
2.				

Please Review and Sign Where Indicated. In making application for employment:

• I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliates. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise, pertinent to employment, and that I am subject to immediate discharge without recourse.

<p>In accordance with the Privacy Act (5 U.S.C. 552a), Freedom of Information Act and the Fair Credit Reporting Act, I expressly authorize any person associated with any educational institution, past or present employer (including federal/state/local governments), any military organizations (federal or state), any law enforcement agency (federal/state/local), any credit reporting agency, any private/public medical institution or office, or any person who has personal knowledge of my character, work history and overall mode of living to RELEASE this information to the background agency for the purpose of my being considered for employment. I hereby agree to RELEASE IMI Data Search, Inc., employees, agents and any other persons or other entities from any and all liability for damages of whatever kind or nature, whether known or unknown, which may at any time accrue to me on account of 1) reliance by such persons or entities on the information submitted in my employment application, 2) reliance by such persons or entities on the information obtained pursuant to this authorization, 3) compliance with or any attempt to comply with this authorization and 4) termination of my employment based on information obtained pursuant to this authorization. I have read the above disclosure and hereby authorize a consumer report and/or investigative report be obtained as described above. I hereby authorize a copy of this RELEASE and NOTIFICATION to be as valid as the original.</p>	<ul style="list-style-type: none"> • I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES. • I understand that the facility reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment. • Compliance with this facility's Substance Abuse Policy is a condition of employment. This facility requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with company policy. Continued employment is also contingent with the Company's Alcohol and Drug Abuse Policy. • I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIED AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE PRESIDENT OF THE COMPANY.
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I have read, understand and agree to these conditions of employment	Applicant Signature	Date Prepared
Office Use Only	<input type="checkbox"/> Referred to Department _____ <input type="checkbox"/> Recommended Employment _____ <input type="checkbox"/> Date _____	<input type="checkbox"/> Not qualified for Opening <input type="checkbox"/> Hold for Future opening <input type="checkbox"/> Criminal Background checked <input type="checkbox"/> References Checked <input type="checkbox"/> Drug Tested