



Employment Application

Equal Access to employment program and services is available to all persons. If you require reasonable accommodation to the application and/or interview process, please notify a representative of Hospitality Inn.

It is the intent of Hospitality Inn to comply with all State and Federal requirements and to operate within the law in the implementation of all facets of equal opportunity. In the recruitment, selection, training, promotion, termination or any other personnel action there will be no discrimination on the basis of race, religion, age, gender, sexual orientation, military service, national origin, citizenship status disability, marital status, pregnancy, arrest or conviction record, use or non-use of lawful products off premises, or any other areas covered under State and Federal law. Do not include information of this nature in the application. It is the intention of Hospitality Inn that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Applicant Information

Full Name: _____ Date _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____ Shift Available for Work: 1st 2nd 3rd Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO If yes, please explain _____

If position requires vehicle operation, do you have a valid drivers license? YES NO DL Number: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree _____

Previous Employment

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Understand that if I am employed and false statements or omissions can lead to immediate dismissal, and I agree that Hospitality Inn will not be held liable in any respect if my employment is terminated for that reason. I authorize Hospitality Inn to verify the information I have supplied and to conduct any investigation of my personal history. I understand and agree that if hired, my employment will not be for any fixed period of time and may be terminated at any time without prior notice and without cause. I also understand that any offer of employment may be conditioned upon the results of physical examination.

DRUG SCREENING

I hereby agree to submit to medical testing for the presence of illegal drugs, alcohol or prescription medication taken without a prescription. I will hold all parties concerned harmless, meaning I will not sue nor hold anyone responsible for any alleged harm to me as a result of not submitting to the testing or the reported results of testing. This includes, but not limited to possible clerical or laboratory error. I understand that Hospitality Inn may require a drug screen or alcohol test whenever an on-the-job accident or injury is reported in accordance with Hospitality Inn's policy and this authorization and consent. This policy and authorization is in a language I understand, and that if I have any questions I should ask prior to signing below. I understand that this is a legal and binding document.

REFERENCE RELEASE FORM

I authorize Hospitality Inn to investigate my character, qualification, past employment, education and activities. I release from all liability, all persons, companies, corporations, schools, or government agencies, supplying such information. I understand that the employment information may include, but not limited to, performance evaluations and reports, attendance records, job descriptions, disciplinary actions and opinions regarding suitability for employment. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such.

Signature: _____ Date _____