

OFFICE USE ONLY
Former Employee eligible for rehire?
Yes <input type="checkbox"/> No <input type="checkbox"/>



APPLICATION FOR EMPLOYMENT



Note: This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.

SECTION 1 - GENERAL INFORMATION

(PLEASE PRINT)

Date of Application: _____

Name: _____
(Last)
(First)
(Middle)

Address: _____
(Street, City, State and Zip Code)

Telephone: (Check Which Preferred)

Home: _____

E-mail Address: _____

Business: _____

Message: _____

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes No _____

Position(s) Desired: _____

Date Available: _____ Salary/Compensation Desired: _____

Have you ever applied for a position with us? Yes No

If yes, when? _____

Have you ever been employed by Hagadone Hospitality? Yes No

If yes, when? _____ Where? _____

Do you have any relatives currently employed by Hagadone Hospitality? Yes No

If yes, list name, property and department of each individual _____

SECTION 2 - EDUCATION

	<u>HIGH SCHOOL</u>	<u>COLLEGE OR SPECIAL</u>	<u>GRADUATE</u>
Circle last year completed in each category:	8 9 10 11 12	13 14 15 16	17 18 19

Name and location of last high school attended: _____

College/Business School Name and Location: _____

of Years: _____ Major: _____ Degree: _____

Graduate School Name and Location: _____

of Years: _____ Major: _____ Degree: _____

SECTION 3 - EMPLOYMENT HISTORY

In the following spaces, give a complete record of your employment. Include military experience as a job. Begin with your most recent employment and work back. If additional space is needed, attach a supplementary sheet.

EMPLOYER:		DATES EMPLOYED		START POSITION:
ADDRESS:		FROM _____ MO/YR		LAST POSITION:
CITY, STATE, ZIP:		TO _____ MO/YR		OTHER POSITION:
TELEPHONE: ()		IMMEDIATE SUPERVISOR:		
STARTING SALARY:	FINAL SALARY:	MAY WE CONTACT FOR REFERENCE?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
DUTIES:				
REASON FOR LEAVING:				

EMPLOYER:		DATES EMPLOYED		START POSITION:
ADDRESS:		FROM _____ MO/YR		LAST POSITION:
CITY, STATE, ZIP:		TO _____ MO/YR		OTHER POSITION:
TELEPHONE: ()		IMMEDIATE SUPERVISOR:		
STARTING SALARY:	FINAL SALARY:	MAY WE CONTACT FOR REFERENCE?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
DUTIES:				
REASON FOR LEAVING:				

EMPLOYER:		DATES EMPLOYED		START POSITION:
ADDRESS:		FROM _____ MO/YR		LAST POSITION:
CITY, STATE, ZIP:		TO _____ MO/YR		OTHER POSITION:
TELEPHONE: ()		IMMEDIATE SUPERVISOR:		
STARTING SALARY:	FINAL SALARY:	MAY WE CONTACT FOR REFERENCE?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
DUTIES:				
REASON FOR LEAVING:				

EMPLOYER:		DATES EMPLOYED		START POSITION:
ADDRESS:		FROM _____ MO/YR		LAST POSITION:
CITY, STATE, ZIP:		TO _____ MO/YR		OTHER POSITION:
TELEPHONE: ()		IMMEDIATE SUPERVISOR:		
STARTING SALARY:	FINAL SALARY:	MAY WE CONTACT FOR REFERENCE?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
DUTIES:				
REASON FOR LEAVING:				

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used?

Yes No If yes, identify name(s) and relevant dates: _____

SECTION 4 - OTHER QUALIFICATIONS

(In responding to this inquiry, continue on a separate sheet if you require additional space.)

1. Describe any other special job-related skills or qualifications (e.g., foreign languages, computers, etc.) that you would like us to know about.

SECTION 5 - REFERENCES

Name two people who know you personally (exclude relatives and previous employers.)

NAME	OCCUPATION	PHONE	YEARS KNOWN
		()	
		()	

SECTION 6 - OTHER INFORMATION

1. Have you been convicted of a felony? Yes No

(An affirmative response will not automatically disqualify you from being considered as a candidate for employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken in to account.)

If yes, please explain: _____

2. Which shifts are you available to work?

Days Yes No
 Evenings Yes No
 Graveyard Yes No
 Saturday Yes No
 Sunday Yes No

- I am available to work:

Full-Time
 Part-Time
 Either

- How did you hear about us?

Newspaper
 Radio
 Employee Referral
 Referred by _____

Walk-in
 Agency Referral
 Other

3. Are you willing to work overtime as requested? Yes No

4. Are you willing to comply with Hagedone Hospitality Company Policy standards regarding appearance and grooming? Yes No

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment, activities, general character, agree to cooperate in such investigations, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I further agree to authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I hereby agree to submit to lawful drug, alcohol or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, including discharge.

I understand that according to the Immigration Reform and Control Act of 1986 all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and legal authorization to work in the U.S. As a consequence, I understand that any offer of employment is contingent on my ability to produce the required documentation within the time period required by law.

I understand that my employment is terminable-at-will, that I am not being employed for any specific time, that this application is not a contract, nor is intended to be a contract for continued employment, and that either the employer or I may terminate my employment at any time with or without cause or notice.

Applications may be kept on file for up to six months. The employer, however, makes no representation that the application will be reviewed for any other position than the original opening for which the applicant has applied. If the applicant wants to be considered for any other position or opening, he or she should contact the employer directly.

X _____
Signature of Applicant

Date

The undersigned applicant authorizes all former employers to provide a complete employment reference and to disclose any information regarding my past employment, including but not limited to my attendance, attitude, potential, and overall performance with said employer. I hereby release any previous employer, and this prospective employer, with whom I have made an application for employment any claims and liabilities either arising from the request for, or release of such employment information.

X _____
Signature of Applicant

Date