APPLICATION FOR EMPLOYMENT

Please print, sign and present your form via fax, in person, or by mail

	Date of Application:				
PLEASE READ THE FOLLOWING CAREFULLY					
Thank you for your interest in joining our team. Our associates make	us successful and the employment process is an important aspect of building our team.				
Please complete as follows:					
 same application. Use the abbreviation "N/A" if a particular provision or section in the form is not applicable to you. As part of this application, a job description containing the essential functions of the job is available for review. If it has not been supplied to you, it is your responsibility to ask for one. 	 We will keep your application on file for ninety (90) days. Should an appropriate opening occur, you application will be reviewed along with others. If you are among the most qualified applicants for the position, an interview will be arranged. It is not necessary for you to contact this office regarding an job openings after you have completed your application. Please notify us in writing if your address of telephone number should change. Employment decisions are made solely on the basis of qualifications to perform the work for which yo are applying. Qualifications include education, training, work experience and other factors which are relevant in determining job performance. Credentials and experience will be verified through schools former associates and licensing/certification agencies, if applicable. As an Equal Opportunity Employed decisions to hire and promote are made without regard to race, religion, color, sex, national origin age, disability, or any other classification as proscribed by federal, state or local law. 				
POSITION APPLYING FOR (select one or more):					
□ Assistant General Manager □ Driver □ Assistant Housekeeper □ Executive Housekee □ Breakfast Host / Hostess □ Front Desk Supervis □ Chief/Maintenance Engineer □ General Manager □ Director of Sales / Corporate □ Guest Service Repressales Manager	Housekeeping Supervisor Houseperson Room Attendants Sales/Group Coordinator				
PROPERTY APPLYING FOR (select one):					
 □ Courtyard by Marriott Greenville Downtown, SC □ Hampton Inn Coconut Grove Coral Gables, FL □ Hampton Inn Columbia Downtown Historic District, SC □ Hampton Inn Fort Lauderdale Downtown City Center, FL □ Hampton Inn Johnson City, TN □ Hampton Inn Greenville I-385 Woodruff Road, SC □ Hampton Inn Pembroke Pines Fort Lauderdale West, FL 	☐ Hampton Inn & Suites Tallahassee I-10 Thomasville Rd, FL☐ Hilton Columbia Center, SC				
APPLICANT'S STATEMENT, AUTHORIZATION, AND RELEASE					
By submitting this application or other documents, I agree to confirm to the rules and regulations of the Company, including an Introductory Period (if applicable). I certify that the information provided in this Application for Employment is correct and complete. I authorize the investigation of this information and give permission for the Company or their designated representatives to contact schools, previous employers, personal references and others to verify the data I have supplied. I release and indemnify the Company from any claims or liability resulting from such inquiry. In addition, I release the schools, my previous employers, and other individuals from all liability as a result of responding to such inquiries. I understand that my misrepresentation, omission of fact(s), or incomplete information may	disqualify me for employment with the Company. In addition, if I am employed by the Company, any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination. I understand and agree as a condition of continued employment that I will be required to take a drug and/or alcohol test as part of any work related accident investigation. I understand that employment with the Company is for no guaranteed period of time and may be terminated by myself, the Company with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including the Company's Employee Handbook) do not constitute an employment contract or modification of the at-will employment relationship between Company and myself. A copy of this release shall be as valid as the original.				
THE COMPANY'S STATEMENT					
The Company complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions regarding your ability to perform job-related responsibilities. If the Company extends an offer of employment to you, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination or drug screening.	The Company is an equal employment opportunity employer. It is the policy of the Company to make employment decisions without regard to race, color, religion, sex, age, national origin, disability, sexual orientation, marital status or any other protected category. Applicants who are accepted for employment with the Company should understand that while every effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed.				
FAIR CREDIT REPORTING ACT NOTIFICATION					
You are notified that in connection with your application for employment (including contract for services) and/or active employment with the Company, a consumer report and/or investigative report which may contain public record information may be requested and/or made on you. This report may include consumer credit, criminal records, driving records, education history, prior employer verification and other information for the purpose of considering you for employment, reassignment or retention with the Company. These reports may include information regarding your career I acknowledge that I have read and understand all of the foregoing and wis	experience along with reasons for termination of past employment, information regarding your character, reputation, personal characteristics and/or mode of living and will be obtained from public or private record sources or through personal interviews. Information may also be requested from various Federal, State, local or other agencies. Before a consumer and/or investigative report is requested, you will be asked to complete a Disclosure and Consent Form. You will be provided the name and address of the consumer-reporting agency to which the request for information is being made. You will have the right to a complete disclosure of the nature and scope of the investigation and a written summary of your rights under the Fair Credit Reporting Act.				
Tacknowledge that I have read and understand all of the foregoing and wis	in to proceed with the application process.				

Signature: _

I accept:

Print Name: _

Yes

☐ No

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Please print, sign and present your form via fax, in person, or by mail

PERSONAL DATA:							
FULL NAME:							
FULL NAME: STREET: TELEPHONE #: SOCIAL SECURITY: ADDITIONAL INFORMATION: Salary / Wage Desired: Have you previously filed an application with this con			CITY:		STATE:	ZIP:	
FULL NAME: STREET: TELEPHONE #: SOCIAL SECURITY: ADDITIONAL INFORMATION: Salary / Wage Desired: How Have you previously filed an application with this company? YES NO If yes, give date: Do you have the legal right to work in the United States? (Note: You will be required to provide appropriate document(s) for compare you age 18 or older? YES NO (Note: If no, you may be required to furnish proof of exemption of partice) Please list any relatives or friends who are employed at this wo Please describe your reasons for seeking this position: Have you ever been terminated or forced to resign from an employed at the circumstances surrounding your terminate available to work: Type of employment desired: Full-time Part-time Temporary Seepays you are available to work: Sunday Monday Tuesday Have you ever been convicted of a felony/misdemeanor of felony/misdemeanor, or been found guilty of a felony/misdemeanor.			CELLULAR #:				
SOCIAL SECURITY:			E-MAIL:				
ADDITIONAL INFO	RMATION:						
Salary / Wage Desire	d:	How were yo	ou referred to us	?			
Have you previously	filed an application with this compan	ıy?	Have you previo	ously been e	employed by this	company?	
☐ YES ☐ NO	If yes, give date:		☐ YES ☐ NO If yes, give date:				
Do you have the lega	I right to work in the United States?		YES 📮	NO			
(Note: You will be requi	red to provide appropriate document(s) fo	or completion of	the I-9 at the time	e of employme	ent)		
Are you age 18 or old	der? 🔲 YES 🔲 N	10					
(Note: If no, you may be	e required to furnish proof of exemption o	of partial waiver	as detailed by you	r State Child L	labor Law)		
Please list any relative	es or friends who are employed at th	nis work site a	nd their relations	ship to you:			
Please describe your	reasons for seeking this position:						
Have you ever been t	terminated or forced to resign from a	an employmer	nt?	YES	□ NO		
-	_	· -					
			T				
Date available to wor	k:		Will you wor	rk overtime	if asked?	YES 🗖	NO
Type of employment			Shift:				
☐ Full-time ☐	Part-time Temporary	Seasonal	☐ Day	☐ Ev	ening 🗖	Night	
Days you are available	e to work:						
☐ Sunday	■ Monday ■ Tuesday	☐ Wed	nesday 📮	Thursday	☐ Friday		Saturday
withheld)	res 🗖 no						
				nature and	place of offense a	and descrip	tion of the
							1
EDUCATION / SKILI	LS:						
TYPE OF SCHOOL	NAME, STREET, CITY, STATE AND ZIP	P FOR EACH	NO. OF YEARS	DID YOU G	RADUATE? DEGREE	MAJOR	COURSE OF
THE OF SCHOOL	SCHOOL:		ATTENDED:	0	BTAINED:	S	STUDY
HIGH SCHOOL							
COLLEGE							
GRADUATE SCHOOL							
TRADE, BUSINESS OR CORRESPONDENCE							

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Other Languages: (read, writte	en and spoken)							
EMPLOYMENT EXPERIENC	Œ:							
Are you currently employed?	☐ YES	□ NO	May w	e contact your current employer	for reference check?	☐ YES ☐ N		
YOUR LAST FOUR PREVIOUS EM on must be completed in full in a				or all time periods including uner	mployment, self-employme	ent and militar	y service	. 1
EMPLOYER:			TE EMPLO		SUPERVISOR:			
ADDRESS:		FR	OM:	TO:				_
FELEPHONE:			GES / SAL ARTING:	ARY FINAL:	POSITION:			_
REASON FOR LEAVING:		31	ARTING.	FINAL.				_
EMPLOYER:			TE EMPLO		SUPERVISOR:			_
ADDRESS:		FR	OM:	TO:				_
TELEPHONE:			GES / SAL		POSITION:			_
REASON FOR LEAVING:		51	ARTING:	FINAL:				_
EMPLOYER:			TE EMPLO		SUPERVISOR:			_
ADDRESS:		FR	OM:	TO:				_
TELEPHONE:			GES / SAL ARTING:	ARY FINAL:	POSITION:			_
REASON FOR LEAVING:		31	AKTINO.	THAL	I			_
EMPLOYER:			TE EMPLO		SUPERVISOR:			_
ADDRESS:		FR	OM:	TO:				-
TELEPHONE:			GES / SAL ARTING:	ARY FINAL:	POSITION:			_
REASON FOR LEAVING:		31	AKTING.	FINAL.				_
ease provide an explanation	for any lapse o	f employr	nent:					_
								_
E YOUR FULL NAME IN THE P	ROVIDED FIELI	O AND CH	CK THE E	OX TO INDICATE YOUR ACCE	EPTANCE OF THESE TER	RMS:		
I certify that all information	given on this a	oplication i	true, l	oe cause for immediate dismissa	ıl. I agree to furnish addi	tional informat	ion as n	กล
rect and complete to the best of				be required to complete my empl				
e accounted for my last threevant training on this application			•	nay require me to temporarily applying and I agree to such sche				aı
nheld any fact or circumstance v	vhich would, if di	sclosed, af		3- I understand that an offer of				
lication unfavorably. Company is hereby authorized	to make any inv	estinations		Company is contingent upon my work in the United States.	furnishing satisfactory pro	oof of my auth	orizatior	ıt
ployment, educational, credit,				I- I understand that this appli	cation for employment a	and that no e	employm	er
estigative agencies or bureaus of				ontract, either express or implied				
ties from all liability of any dama ormation. If employed by Comp				5- I also understand that if emp and can be terminated at will by				
regulations. I understand that	discovery of mis	representa	tion or	nny or no reason, and is subje				
ission of facts herein will make m	ne ineligible for er	nployment	or will (pperating policies.				
ccept:				Print Name:				
☐ No								