



Employment Application

Please fill out application completely in order to be considered for employment.

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: (____) _____ E-mail Address: _____

Date Available: _____ Social Security # : ____-____-____ Desired Salary: \$ _____

Position Desired: _____ FT PT

Are you over 16 years of age? YES NO Are you authorized to work in the U.S.? YES NO

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

Do you have any relatives employed by us? YES NO List names and location _____

Have you ever been convicted of a felony? YES NO If yes, please state the nature of the crime(s), when and where

convicted, and disposition of the case: _____

(Do not identify any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated. No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature, date, surrounding circumstances, and relevance to the position(s) be applied for may, however, be considered.)

Are you available to work: Days Nights Overnight Weekends Holidays

Please specify times you cannot work:

Do you meet the legal age requirement in this state to serve/handle alcoholic beverages? Yes No

Education

High School: _____ Address: _____

Did you graduate? YES NO Degree: _____

College: _____ Address: _____

Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

Address: _____

Other Skills, Training, and Experience

Certificates, licenses, or vocational competence: _____

Ever serve in the U.S. military? YES NO If yes, please state which branch, highest rank obtained, and the nature of your discharge: _____

Employment History

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

Disclaimer and Signature

I understand that completion of this application does not indicate that there are any open positions and does not in any way obligate this company to hire me or offer me a job.

In the processing of my application, an investigation will be made whereby information is obtained from former employers and references. Permission is hereby granted to any school, person, firm, or corporation, whether my former employer or otherwise, to give Aimbridge Hospitality and its affiliates information regarding my employment or educational history. Any entity providing information will not be held liable for any damages incurred by myself through the release of requested information.

I understand that employment is at will and can be terminated with or without cause or notice at any time, at the option of either Aimbridge Hospitality or myself.

I understand I may be required to successfully pass a drug screening exam. I hereby consent to a pre employment and/or post employment drug screen as a condition of employment, if required.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand this application will remain active for 90 days and if I have not been hired by that date, I must renew my application to be considered for future employment.

Signature: _____ Date: _____

APPLICANT DATA COLLECTION FORM

As an Equal Opportunity Employer, Aimbridge is required to submit periodic reports regarding applicants and current employees to certain federal and state agencies. To assist Aimbridge in its commitment of Equal Opportunity Employment and in order to collect accurate information, we ask your cooperation in completing this form. You are, however, under no obligation to do so and your response will not affect your application in any way. Any information you volunteer will be kept confidential*

***Note: If you are hired, the completion of this form will be required for your file and to comply with Equal Employment Opportunity reporting.**

1. Please check one: Female Male

2. I consider myself to be (please check only one in this section):
 - HISPANIC OR LATINO – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
 - WHITE (NOT HISPANIC OR LATINO) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - BLACK or AFRICAN AMERICAN (NOT HISPANIC OR LATINO) – A person having origins in any of the black racial groups of Africa.
 - NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (NOT HISPANIC OR LATINO) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - ASIAN (NOT HISPANIC OR LATINO) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - AMERICAN INDIAN OR ALASKAN NATIVE (NOT HISPANIC OR LATINO) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 - TWO OR MORE RACES (NOT HISPANIC OR LATINO) – All persons who identify with more than one of the above five races.

DISABLED STATUS - Any person who has, is regarded as having, or has a record of having a physical or mental impairment that substantially limits one or more major life activities, may be eligible for reasonable accommodation as defined by the Americans with Disabilities Act. Please contact the Human Resources Department for further information.

This form is being submitted for the position of _____.

Applicant Signature

Date

Print Name