



Application for Employment

APPLICATION MUST BE COMPLETED IN FULL EVEN IF ATTACHING RESUME

PERSONAL INFORMATION		
LAST NAME: MIDDLE	FIRST	POSITION (S) DESIRED:
STREET ADDRESS		LOCATION (S) DESIRED:
CITY ZIP CODE	STATE	SCHEDULE RESTRICTIONS
TELEPHONE NUMBER:		2 ND TELEPHONE NUMBER:
EMAIL ADDRESS:		SOCIAL SECURITY NUMBER:
ARE YOU 18 YEARS OR OLDER? _____ NO _____ YES		_____ FULL-TIME _____ PART-TIME _____ ON-CALL

EMPLOYMENT ELIGIBILITY

To comply with the Federal Immigration Reform and Control Act, all new hires are required to show proof of eligibility to work in the United States. Failure to produce the required documents will cause OHM Hotels to withdraw job offer and terminate an individual's employment.

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? _____ YES
 _____ NO

EMPLOYMENT DESIRED

ARE YOU EMPLOYED NOW? _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? _____ LOCATION: _____
 DATES: _____

REASON FOR LEAVING: _____ NAME OF LAST SUPERVISOR: _____

HOW WERE YOU REFERRED? ___ COLLEGE PLACEMENT SERVICE ___ EMPLOYMENT AGENCY ___ WALK-IN
 ___ NEWSPAPER: _____

_____ EMPLOYEE REFERRAL: NAME: _____ WEBSITE: SPECIFY: _____

EMPLOYMENT HISTORY: Please list your last 3 employers, beginning with most recent.

NAME AND ADDRESS OF LAST EMPLOYER	
STARTING DATE:	LEAVING DATE:
POSITION:	RATE OF PAY:
DUTIES:	
NAME OF SUPERVISOR	MAY WE CONTACT YOUR SUPERVISOR?
PHONE NUMBER	REASON FOR LEAVING:

NAME AND ADDRESS OF LAST EMPLOYER	
STARTING DATE:	LEAVING DATE:

POSITION:

RATE OF PAY:

DUTIES:

NAME OF SUPERVISOR

MAY WE CONTACT YOUR SUPERVISOR?

PHONE NUMBER

REASON FOR LEAVING:

NAME AND ADDRESS OF LAST EMPLOYER

STARTING DATE:

LEAVING DATE:

POSITION:

RATE OF PAY:

DUTIES:

NAME OF SUPERVISOR

MAY WE CONTACT YOUR SUPERVISOR?

PHONE NUMBER

REASON FOR LEAVING:

REFERENCES: Please provide 3 names of persons not related to you, whom you have known for at least 1 year

NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
------	---------	--------------	-------------

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS	DID YOU GRADUATE	SUBJECTS STUDIED DEGREE/ MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR OTHER RELATED SCHOOLS				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE/RANK:
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES:	DATE OBLIGATION ENDS:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ YES _____ NO

A Felony or Misdemeanor conviction record will be looked upon as only one of the factors considered in the employment a decision and evaluated in terms of the nature, severity, the date of the offense and position applying for.

IF YES, PLEASE EXPLAIN IN DETAIL:

**AUTHORIZATI
ON**

OHM HOTELS IS AN EQUAL OPPORTUNITY EMPLOYER. WE RECRUIT, HIRE AND PROMOTE EMPLOYEES WITHOUT REGARD TO RACE,

COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, CITIZENSHIP, DISABILITY, AND ALL OTHER PROTECTED CATEGORIES. INDIVIDUALS WITH

DISABILITIES WHO NEED ASSISTANCE COMPLETING AN APPLICATION CAN CONTACT THE HUMAN RESOURCES DEPARTMENT TO

ARRANGE SUITABLE ACCOMMODATIONS.

I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND UNDERSTAND THAT IF ANY

MATERIALLY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED

AND, IF EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. I UNDERSTAND THAT NEITHER THE APPLICATION NOR

ANY OTHER PERSONNEL FORM CONSTITUTES AN EMPLOYMENT CONTRACT.

I AUTHORIZE OHM HOTELS AND THE HOTEL TO SOLICIT INFORMATION REGARDING MY CHARACTER, GENERAL REPUTATION, PREVIOUS

EMPLOYMENT AND SIMILAR BACKGROUND INFORMATION FROM THIRD PARTIES, AND TO CONTACT ANY AND ALL REFERENCES OR

PREVIOUS EMPLOYERS I HAVE ON MY APPLICATION. I HEREBY RELEASE ANY RIGHT I MAY HAVE TO LEGAL CLAIMS AGAINST ALL PARTIES

AND PERSONS WHO PROVIDE INFORMATION IN RESPONSE TO SUCH REQUESTS FOR INFORMATION. IF EMPLOYED, I RELEASE OHM

HOTELS AND THE HOTEL FROM ANY LIABILITY FOR FUTURE REFERENCES IT MAY PROVIDE REGARDING MY WORK HISTORY WITH THE

COMPANY.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY

EMPLOYMENT IS CONSIDERED TO BE "AT WILL" AND EMPLOYMENT CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITHOUT NOTICE,

AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY, OTHER THAN THE

PRESIDENT, HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE

ANY AGREEMENT CONTRARY TO THE FOREGOING.

OHM HOTELS MAINTAINS A DRUG-FREE WORKPLACE POLICY. IF EMPLOYED AND IF REQUIRED, I AGREE TO SUBMIT TO A MEDICAL

EXAMINATION OR DRUG TEST AT ANY TIME BY THE COMPANY AND AS PERMITTED BY LAW. I CONSENT TO SUCH EXAMINATIONS AND TESTS

AND I REQUEST THAT THE EXAMINING DOCTOR DISCLOSE TO THE COMPANY INFORMATION OF THE RESULTS OF THE EXAMINATION, WHICH

RESULTS SHALL REMAIN CONFIDENTIAL AND SEGREGATED FROM THE PERSONNEL FILE. I UNDERSTAND THAT MY EMPLOYMENT OR

CONTINUED EMPLOYMENT, TO THE EXTENT PERMITTED BY LAW, MAY BE CONTINGENT UPON SATISFACTORY MEDICAL EXAMINATIONS

AND DRUG TESTS, AND IF I AM HIRED, AS A CONDITION OF MY EMPLOYMENT, I WILL ABIDE BY THE COMPANY'S DRUG AND ALCOHOL POLICY.

DATE

SIGNATURE

**OHM HOTELS IS AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO HIRING A DIVERSE
WORKFORCE**