



# APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

*This application for employment is intended for use in evaluating your qualifications for employment. It is not an employment contract. Please answer all questions completely and to the best of your ability. False or misleading statements are grounds for refusal or termination of employment and benefits. It is the policy of LHR Hospitality Management, as an Equal Opportunity Employer, to ensure that there shall be no discrimination against any employee or applicant for employment on the basis of age, race, color, creed, marital status, religion, sex, sexual orientation, national origin, disability or veteran status, or any other status protected by law.*

## PERSONAL DATA

Last Name	First	Middle	Date of Application
Home Address (Number & Street)			Telephone Number (     )
City, State, Zip			Social Security Number -     -

## GENERAL INFORMATION

Position(s) applied for:	Salary Expected: \$                      per month
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Employee <input type="checkbox"/> Other	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work: (Check all that apply) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of eligibility will be required upon employment)	On what date are you available for work?
Have you ever applied here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what year?	Have you ever been employed here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?
Are you on layoff? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you known to schools/references by another name? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, by what name?
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, any restrictions?	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, any restrictions?

## EDUCATION

	Name of School / City & State	Major Area of Study	No. of Years Completed	GPA/Class Rank	Degree Yes / No
High School					
College Under-Graduate					
Graduate/ Professional					
Trade or Vocational					
Business or Other					

List any special courses, training, and/or other scholastic certificates you have completed and any professional/trade groups or organizations to which you belong that you consider relevant to your ability to perform the job for which you applied:

\_\_\_\_\_  
 \_\_\_\_\_

Languages in which you are fluent other than English?  
 \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYMENT HISTORY

Present or Last Employer	Telephone (     )
City/State	If Current Employer, May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor / Title	Employed - (month and year) From                      To
Job Title	Monthly Salary Start                      Ending
Describe Your Work / Type of Business _____ _____	Reason for Leaving

2 <sup>nd</sup> Previous Employer	Telephone (     )
City/State	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor / Title	Employed - (month and year) From                      To
Job Title	Monthly Salary Start                      Ending
Describe Your Work / Type of Business _____ _____	Reason for Leaving

3 <sup>rd</sup> Previous Employer	Telephone (     )
City/State	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor / Title	Employed - (month and year) From                      To
Job Title	Monthly Salary Start                      Ending
Describe Your Work / Type of Business _____ _____	Reason for Leaving

4 <sup>th</sup> Previous Employer	Telephone (     )
City/State	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Supervisor / Title	Employed - (month and year) From                      To
Job Title	Monthly Salary Start                      Ending
Describe Your Work / Type of Business _____ _____	Reason for Leaving

Comments (including explanation of any gaps in employment): \_\_\_\_\_  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

### ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application:

### PROFESSIONAL REFERENCES

(List individuals familiar with your work, do not include relatives)	Occupation	Phone
		(      )
		(      )
		(      )

### AGREEMENT

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 falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize investigation of all statements contained in this application (and accompanying resume, if any) as may be necessary in arriving at an employment decision. I authorize any persons, schools, current or previous employers, and organizations named in this application form (and accompanying resume, if any) to provide Lodge Hotels and Resorts (the "Company") with relevant information and opinion that may be useful to the Company in making a hiring decision, and I release such persons and organizations from any legal liability in making such statements. I authorize the Company and/or its agents including consumer reporting bureaus to release any information regarding my background.

I understand that employment at LHR Hospitality Management is on an at-will basis, and that my employment can be terminated, with or without cause, with or without notice, at any time at the discretion of either the Company or myself. I understand that no management official other than the Managing Partners of the Company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment. This application is not intended to create, nor is it to be construed to constitute a contract between LHR Hospitality Management and myself. I understand, also, that I am required to abide by all rules and regulations of the Company.

In accordance with the Company's policy to maintain a drug-free workplace, I understand that any offer of employment may be contingent upon submitting to a drug test and receiving a negative test result. Further, I understand certain employees may be subject to drug testing throughout their employment. I hereby agree to drug testing as required by the Company and release Company from all liability arising from such testing and/or decisions made based on such testing.

Should an offer of employment be made and accepted, I will be required to provide proper documentation of legal right to work in the United States as required by the Immigration Reform and Control Act of 1986. If documents are not produced within three days of date of hire, employment will terminate.

Receipt of this application (and accompanying resume, if any) does not mean that a job opening exists at LHR Hospitality Management and does not obligate LHR Hospitality Management in any way. This application (and accompanying resume, if any) is valid for one year.

I acknowledge that I have read and understand this agreement, have signed this release voluntarily and of my own free will.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date