



Application for Employment

(PLEASE PRINT PLAINLY)

POSITION
APPLIED FOR

WAGE
REQUIREMENTS

DATE
AVAILABLE

DATE
OF APPLICATION

<p>NAME</p> <p>FIRST _____ MIDDLE _____ LAST _____</p> <p>ADDRESS</p> <p>_____</p> <p>_____</p> <p>TELEPHONE</p> <p>_____</p>	<p>Furnishing of Social Security Number is voluntary. The Social Security Number is requested pursuant to civil service regulation 1-5-2. The number will be used to help prevent mix-up of records of candidates with similar names and to locate records to be changed when candidate's name,</p> <p>SOCIAL SECURITY NUMBER _____</p>
<p>Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, Date of Birth ____/____/____</p>	<p>Employee Referral. Give Employees name.</p>
<p>If hired, can you provide proof of citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If you are not a U.S. citizen, have you the legal right to remain permanently and work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Have you been convicted of a crime, excluding misdemeanors and summary offenses, within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please explain _____</p>	
<p>Have you served in the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Describe specialized military training <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates _____</p> <p>Have you previously been employed by Parrish Hotel Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates _____</p> <p>Are you currently under contract with a Staffing Company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name _____</p>	

MOST RECENT JOB INFORMATION:

EMPLOYER	DATES EMPLOYED	SALARY	REASON FOR LEAVING	JOB DUTIES
Name _____ City _____ Supervisor _____ Telephone _____	FROM _____ TO _____	START _____ FINISH _____	May we contact this employer Yes or No	
Name _____ City _____ Supervisor _____ Telephone _____	FROM _____ TO _____	START _____ FINISH _____		
Name _____ City _____ Supervisor _____ Telephone _____	FROM _____ TO _____	START _____ FINISH _____		

Can you work any hours or days? Yes No If no, indicate the days and times you CAN work, below:

Monday From _____ To _____ Tuesday From _____ To _____ Wednesday From _____ To _____	Thursday From _____ To _____ Friday From _____ To _____ Saturday From _____ To _____	Sunday From _____ To _____	Do you have reliable transportation? _____
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Are you employed now? Yes No May we contact your present employer? Yes No

SCHOOL: Last grade completed _____ Graduated? Yes No If yes, name of school: _____

Explain course of study, grade point average, and sports/activities: _____

Special Skills (10 key, cash register, mechanics, electronics, entertainment, other): _____

PLEASE READ CAREFULLY

I acknowledge that in connection with my application for employment with Parrish Hotel Corporation (PHC) or any hotel it operates, I have been advised in writing that an investigative consumer report may be made as to my character, general reputation, personal characteristics and mode of living. I further acknowledge that I have been advised in writing by PHC that, upon written request within a reasonable time, additional information as to the nature and scope of the report, if one is made, will be provided. This written request should be addressed to the hotel general manager where the application is filed.

I hereby authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for the position applied for, and release the same from any liability resulting from providing such information. I also acknowledge that PHC may be required to submit certain information with regard to my employment or application to various city, state and federal government agencies. I hereby authorize PHC to provide such information and release PHC, and the hotel as well as their officers, employees, agents and assigns from any liability resulting from submitting such information.

I acknowledge that I meet minimum age requirements for employment set by federal and state laws.

I hereby certify that all the statements and answers set forth on this application are complete and true, and I understand that if, after I am employed, any such statements and/or answers are found false or information has been omitted, such false statements or omissions will be just cause for termination.

I acknowledge that any offer of employment is wholly contingent upon employer's receipt of an acceptable credit and criminal background check. The acceptability of any such check will be determined by the hotel general manager. If negative information is received in the background check that was not revealed on the application or in the interview process, this constitutes falsification of an employment document which may result in disciplinary action including possible termination of employment.

I acknowledge that PHC is an equal opportunity employer and my application will be considered based upon my qualifications only. Moreover, I understand and agree that at all times my employment is at the will of my employer, and regardless of how long I may be employed, I still may be disciplined, laid-off or dismissed at any time with or without cause and with or without notice.

Signature of Applicant _____ Date _____

PARRISH HOTEL CORPORATION IS AN EQUAL OPPORTUNITY EMPLOYER



AUTHORIZATION FORM

Background check

I hereby authorize Parrish Hotel Corporation (it's subsidiaries, affiliates, employees and agents) to make inquiry of and request information from, but not limited to, any individuals, present and former employers, schools and colleges, credit bureaus, criminal investigation bureau, courts, local, state and/or federal agencies, and other entities that may possess information concerning me or that may be custodians of records relating to me, including Worker's Compensation.

I also authorize the above described sources to release all information requested, including civil and/or criminal records, salary data, performance reviews, training records, subjective evaluations and any other paperwork or records contained in a file maintained by the above described sources. I understand that the information contained in referenced files may contain derogatory information regarding me. I hereby release those sources from any liability arising from any information released that stems from this request.

I understand that my prospective employer intends to use the information obtained through the investigation for employment purposes only, and shall not disclose such information to any other party. I further understand my Worker's Compensation History (WCH) is for the purpose of making certain I am not assigned a job function that could aggravate a previous injury. WCH will only be researched after a conditional offer of employment has been extended to me, in compliance with the Americans with Disabilities Act (ADA). Furthermore, I agree to hold harmless Parrish Hotel Corporation for any and all actions of their client(s) that do not conform to any and all local, state, or federal laws, regulations, labor agreements, or other similar legal requirements.

I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the Consumer Report, & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report is conducted, I will be notified in writing within three (3) days from request of said report. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

I give this authorization in connection with an application relating to employment. If I am hired, this authorization will become part of my employment record. It will remain in effect for the duration of my employment and may be used to update any and/or all information above at the discretion of my employer.

A facsimile, copy or other reproduction of this release shall be considered to have full authority and effect as an original signed document. Furthermore, for those agencies that require a "personal request" for record protection, please consider this as my authorized written request for production of records.

Applicants signature: _____

Name: (please print) _____

Aliases/Maiden Name: (if applicable) _____

Current Address: _____

Previous Address: (if moved in past 3 years) _____

SSN: ____/____/____ DOB* ____/____/____

*Note: DOB is requested for identifying purposes in order to obtain accurate records. Age is NOT a criterion for employment.