

Dexter Hospitality

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS • Complete all portions of this form.
 • Print, using a pen.
 • Do not use "See Resumé" for any response

POSITION FOR WHICH APPLYING _____

DATE _____

PERSONAL INFORMATION

NAME _____ SSN: - -

LAST NAME FIRST NAME MIDDLE INITIAL
 PLEASE INDICATE IF THERE IS ANY INFORMATION RELATIVE TO A CHANGE OF NAME THAT WOULD HELP US IN CONDUCTING REFERENCE CHECKS _____

ADDRESS _____
 STREET CITY COUNTY STATE ZIP CODE

HOME PHONE () _____ WORK PHONE () _____ MAY WE CONTACT YOU AT WORK? CHECK ONE YES NO

EMERGENCY CONTACT INFORMATION

NAME _____ RELATIONSHIP _____
 LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS _____ PHONE () _____
 STREET CITY STATE ZIP CODE

HOME PHONE () _____ WORK PHONE () _____ MAY WE CONTACT YOU AT WORK? YES NO

GENERAL INFORMATION

Have you ever been convicted of a felony that has not been annulled, expunged or sealed by a court? YES NO

If you have, provide details (Include the nature of the offense and the date of your conviction or the completion of your sentence) on a separate sheet. Information about a conviction will be considered within the context of the entire application and the position for which you are applying and will not bar you from employment.

ARE YOU LEGALLY AUTHORIZED TO BE EMPLOYED IN THE U.S. YES NO CAN YOU WORK OVERTIME? YES NO

IS THERE ANY REASON YOU MAY NOT BE ABLE TO ATTEND WORK ON A REGULAR BASIS OR BE TO WORK ON TIME? YES NO

Explain _____

TYPE OF EMPLOYMENT DESIRED REGULAR FULL-TIME AVAILABLE WEEKENDS? YES AVAILABLE NIGHTS? YES
 TEMPORARY PART-TIME NO NO NO

HAVE YOU EVER APPLIED FOR A JOB AT DEXTER HOSPITALITY BEFORE? YES NO IF YES, DATE APPLIED _____ / _____ / _____
 MONTH YEAR

HAVE YOU PREVIOUSLY HELD A JOB WITH DEXTER HOSPITALITY? YES NO IF YES, DATE EMPLOYED _____ / _____ / _____ TO _____ / _____ / _____
 MONTH YEAR MONTH YEAR

DATE AVAILABLE _____ / _____ / _____ DESIRED SALARY \$ _____ PER HOUR PER YEAR

HOW DID YOU LEARN ABOUT DEXTER HOSPITALITY? EDUCATIONAL INSTITUTE _____ NAME _____

NEWSPAPER _____ NAME _____ DEXTER HOSPITALITY EMPLOYEE _____ NAME _____

STATE EMPLOYMENT SERVICE PRIVATE EMPLOYMENT AGENCY: _____ NAME _____

INTERNET (SPECIFY): _____

OTHER (SPECIFY): _____

WHAT MOST INTERESTED YOU IN DEXTER HOSPITALITY _____

RELATIVES EMPLOYED BY DEXTER HOSPITALITY _____ / _____

FRIENDS EMPLOYED BY DEXTER HOSPITALITY _____

PLEASE INDICATE COMPANY NAME AND JOB TITLE OF RELATIVES EMPLOYED BY OTHER PRINTING COMPANIES.

EDUCATION

SCHOOL NAME, CITY and STATE	GRADUATED?	DEGREE
MAJOR / MINOR		
High School	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Graduate School	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Technical/Trade School	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SSN: --

EMPLOYMENT HISTORY

STARTING WITH YOUR PRESENT (OR MOST RECENT) JOB, LIST IN REVERSE CHRONOLOGICAL ORDER, YOUR EMPLOYMENT FOR THE LAST TEN (10) YEARS, REGARDLESS OF HOW LONG EMPLOYMENT LASTED. ACCOUNT FOR ALL PERIODS OF TIME, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT. IF SELF EMPLOYED, GIVE FIRM NAME AND SUPPLY BUSINESS REFERENCES. CONTINUE ON SEPARATE PAGE IF NECESSARY.

PRESENT (OR MOST RECENT) EMPLOYER	/	YOUR JOB TITLE	/	FROM (MO / YR)	/	TO (MO / YR)	/
TYPE OF BUSINESS	/	SALARY (<input type="checkbox"/> PER HOUR <input type="checkbox"/> PER YEAR)	/	ADDITIONAL COMPENSATION			
				MAY WE CONTACT FOR REFERENCE?			

<input type="checkbox"/> NOW <input type="checkbox"/> LATER <input type="checkbox"/> NO ADDRESS (NUMBER AND STREET)	/	CITY, STATE AND ZIP CODE	/				
NAME OF IMMEDIATE SUPERVISOR	/	SUPERVISOR'S TITLE	/	TELEPHONE NUMBER			

SUMMARIZE THE NATURE OF YOUR WORK AND RESPONSIBILITIES _____

REASON FOR LEAVING: VOLUNTARY – RESIGNED INVOLUNTARY – TERMINATED BY COMPANY

PLEASE EXPLAIN _____

PRESENT (OR MOST RECENT) EMPLOYER	/	YOUR JOB TITLE	/	FROM (MO / YR)	/	TO (MO / YR)	/
TYPE OF BUSINESS	/	SALARY (<input type="checkbox"/> PER HOUR <input type="checkbox"/> PER YEAR)	/	ADDITIONAL COMPENSATION			
				MAY WE CONTACT FOR REFERENCE?			

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REASON FOR LEAVING: VOLUNTARY – RESIGNED INVOLUNTARY – TERMINATED BY COMPANY

PLEASE EXPLAIN _____

SSN: - -

PROFESSIONAL ORGANIZATIONS

LIST ANY PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBERS, THE HIGHEST OFFICE HELD, AND THE BEGINNING AND ENDING DATES OF YOUR MEMBERSHIP. (OMIT THOSE WHICH MIGHT INDICATE RACE, RELIGION, COLOR, GENDER, AGE, DISABILITY, NATIONAL ORIGIN OR VETERAN STATUS.) IF ADDITIONAL SPACE IS REQUIRED. PLEASE ATTACH A SEPARATE SHEET TO THE APPLICATION.

ORGANIZATION NAME	/	FROM	/	TO	/	HIGHEST OFFICE HELD
ORGANIZATION NAME	/	FROM	/	TO	/	HIGHEST OFFICE HELD
ORGANIZATION NAME	/	FROM	/	TO	/	HIGHEST OFFICE HELD

REFERENCES

LIST THREE PERSONS NOT ALREADY MENTIONED WHO WERE SUPERVISORS OR SUBORDINATES OF YOURS (OTHER THAN RELATIVES)

NAME	/	ADDRESS	/	TELEPHONE	/	OCCUPATION	/	YRS. KNOWN
NAME	/	ADDRESS	/	TELEPHONE	/	OCCUPATION	/	YRS. KNOWN
NAME	/	ADDRESS	/	TELEPHONE	/	OCCUPATION	/	YRS. KNOWN

APPLICANT'S STATEMENT

I understand that if I am offered employment, I must comply with the following:

PLEASE INITIAL EACH SECTION IN THE SPACE PROVIDED

	<p>This application is active for sixty (60) days from the date it is completed, or until the specific position opening for which it was submitted is closed, whichever is earlier. Subsequent to the preceding consideration period, I must submit a new application to be considered for this, or any other position.</p>
	<p>From time to time, the Company may find it necessary to conduct investigations. If it does, employees are expected to truthfully participate and cooperate in such investigations, including submission to searches of property. Failure to do so may subject employees to disciplinary action, which may include termination of employment.</p>
	<p>I give Dexter Hospitality, Inc. (the Company) the right to investigate all references and to secure additional information about me, if job-related. I release from liability, the Company and its representatives, for seeking such information and all other persons, corporations or organizations from furnishing such information. A copy of this page serves as my authorization to seek/provide this information. I agree to sign all documents and consent forms, which the Company deems necessary to verify the facts provided in this application. I give my consent, and release from liability the Company and its representatives, to respond to any inquires made about me as part of a reference check by any subsequent employer, or potential employer, if I leave the Company.</p>
	<p>I authorize the Company to contact my references, to contact my prior supervisors and employers, to verify my educational credentials, to investigate my credit and criminal records, and to otherwise investigate my employment credentials at the Company's discretion. I also agree to cooperate with the Company in obtaining the above information.</p>

SSN: - -

PROFESSIONAL ORGANIZATIONS

	I understand that any offer of employment is contingent upon my ability to produce documentation verifying my identity and legal authorization to be employed, as required by the Immigration Reform & Control Act of 1986 (IRCA).
	I understand and agree that any misrepresented, inaccurate, misleading, incomplete or omitted information I provide in this application, regardless of when discovered to be false, will be sufficient cause for cancellation of this application and/or immediate separation from the Company's service, if employed.
	I agree and understand that if I am offered a position with the Company, it will be offered on the condition that my employment shall be at will and for no definite period and that I have no express or implied contractual rights to continued employment with the Company. I understand that just as I have the right to terminate my employment at any time, for any or no reason, the Company also has the right to terminate my employment at any time, for any or no reason, with or without cause or notice. I understand that no representative of the Company has the authority to make any verbal or written assurances to the contrary.
	I will conform to the rules and regulations of the Company.

My signature below certifies that I have read, understand, and agree to the foregoing and to the best of my knowledge and belief, the information on the application form is true and correct.

PLEASE NOTE: The Company considers applications only for a 60-day period. If you wish to be considered after 60 days from the date of this application, please reapply.

Date

Signature of Applicant