



SHAMIN  
HOTELS

# Application for Employment

APPLICATION MUST BE COMPLETED IN FULL EVEN IF ATTACHING RESUME

## PERSONAL INFORMATION

LAST NAME:	FIRST	MIDDLE	POSITION (S) DESIRED:
STREET ADDRESS			LOCATION (S) DESIRED:
CITY	STATE	ZIP CODE	SCHEDULE RESTRICTIONS
TELEPHONE NUMBER:			2 <sup>ND</sup> TELEPHONE NUMBER:
EMAIL ADDRESS:			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ON-CALL
ARE YOU 16 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO			

### 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 Shamin 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/MA.
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:**

**AUTHORIZATION**

SHAMIN 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 SHAMIN 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 SHAMIN 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.

SHAMIN 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

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