



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: _____			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> ON-CALL
2ND TELEPHONE NUMBER: _____			
EMAIL ADDRESS: _____			ARE YOU 18 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 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 AT THIS COMPANY: _____		
HOW WERE YOU REFERRED?	<input type="checkbox"/> COLLEGE PLACEMENT SERVICE	<input type="checkbox"/> EMPLOYEE REFERRAL: NAME: _____
	<input type="checkbox"/> EMPLOYMENT AGENCY	<input type="checkbox"/> NEWSPAPER: SPECIFY _____
	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> 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 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