

# **EMPLOYMENT APPLICATION**

**BROOKWOOD INN DURHAM  
2306 ELBA STREET  
DURHAM, NC 27705  
919-286-3111  
EOE**

**Position Applying** \_\_\_\_\_

**Date** \_\_\_\_\_

**APPLICATION MUST BE COMPLETED, EVEN IF ATTACHING A PERSONAL RESUME**

<b>PERSONAL INFORMATION</b>			
NAME	Last	First	Middle
			SOCIAL SECURITY NUMBER
ADDRESS			Street
			RESIDENCE TELEPHONE
			(      )
City	State	Zip	
			BUSINESS TELEPHONE
			(      )
NAME ANY RELATIVES OR FRIENDS EMPLOYED BY THIS COMPANY			DRIVER'S LICENSE NUMBER
REFERRED BY			NAME OF SOURCE
<input type="checkbox"/> News Ad <input type="checkbox"/> Employee <input type="checkbox"/> Another Company <input type="checkbox"/> Other			
<input type="checkbox"/> Self <input type="checkbox"/> Magazine <input type="checkbox"/> Employment Service			
ARE YOU UNDER AGE 18?			IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO WORK?
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>EMPLOYMENT DESIRED</b>			
POSITION	DATE AVAILABLE		SALARY DESIRED
ARE YOU PRESENTLY EMPLOYED?	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?		
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?	

**PERSONAL VERIFICATION**

- By completing this Application, you authorize and approve Hudson Hotels Corporation to complete one or more of the following: 1) a background check; 2) a credit check; and 3) a criminal background check. Further, prior to acceptance of employment or at any time during employment, you agree to be subjected to a drug screening test.
- If accepted for employment, I authorize and agree that all disputes arising from employment must be arbitrated, including but not limited to, claims arising under state and federal laws for harassment, wrongful termination, retaliation and discrimination due to age, race, sex, disability, or any other basis. These claims may arise under Title VII, the ADEA, the ADA, the Equal Pay Act, FLSA 42 USC §1981, as well as any other statutory, regulatory, or common law employment claim.

***Please Note: Your signature is required on the last page of this application.***

## EDUCATION

CIRCLE LAST GRADE COMPLETED												
Grade 1 2 3 4 5 6 7 8 9 10 11 12											College 1 2 3 4 5 6 7	
NAME				Started				Left				
LOCATION				Years Completed			Grade Point Average			"A" Grade = ? Points		
MAJOR FIELD OF STUDY				DEGREE CONFERRED (Give full name)					Graduation Date			
NAME				Started				Left				
LOCATION				Years Completed			Grade Point Average			"A" Grade = ? Points		
MAJOR FIELD OF STUDY				DEGREE CONFERRED (Give full name)					Graduation Date			
NAME				Started				Left				
LOCATION				Years Completed			Grade Point Average			"A" Grade = ? Points		
MAJOR FIELD OF STUDY				DEGREE CONFERRED (Give full name)					Graduation Date			
Special Training/Certificates or Awards												

What computer programs are you proficient in?

\_\_\_\_\_

What foreign languages do you speak fluently? \_\_\_\_\_

\_\_\_\_\_ Read \_\_\_\_\_ Write

## MISCELLANEOUS INFORMATION

Have you ever been convicted of a felony or serious misdemeanor? (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

YES       NO      If yes, explain \_\_\_\_\_

\_\_\_\_\_

After employment, can you provide proof that you have the legal right to work in the United States?  YES       NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you have any physical condition or handicap which may limit your ability to perform the essential functions of the job which you are applying for?

YES       NO      If yes, what can be done to accommodate your limitation? \_\_\_\_\_

\_\_\_\_\_

***Please Note: Your signature is required on the last page of this application.***

## WORK EXPERIENCE

*List last three employers with most recent first, or go back 10 years( include military service). Attach separate sheet, if necessary.)*

NAME OF EMPLOYER			
ADDRESS			
NAME AND TITLE OF SUPERVISOR			PHONE
DATES From _____ To _____		SALARY \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Month <input type="checkbox"/> Hour	
JOB TITLE			
DUTIES AND ACCOMPLISHMENTS			
NAME OF EMPLOYER			
ADDRESS			
NAME AND TITLE OF SUPERVISOR			PHONE
DATES From _____ To _____		SALARY \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Month <input type="checkbox"/> Hour	
JOB TITLE			
DUTIES AND ACCOMPLISHMENTS			
NAME OF EMPLOYER			
ADDRESS			
NAME AND TITLE OF SUPERVISOR			PHONE
DATES From _____ To _____		SALARY \$ _____ <input type="checkbox"/> Annual <input type="checkbox"/> Month <input type="checkbox"/> Hour	
JOB TITLE			
DUTIES AND ACCOMPLISHMENTS			
<i>Please list three business references whom we have your permission to contact.</i>			
NAME	1. _____	2. _____	3. _____
ADDRESS	_____	_____	_____
TELEPHONE	_____	_____	_____
POSITION/ RELATIONSHIP	_____	_____	_____

I hereby certify that the preceding information is true and correct to the best of my knowledge and belief. I further certify that I, the undersigned applicant, have personally completed this application. I understand that false statements on this application will: 1. Prevent an offer of employment if detected before I am hired, or 2. Cause immediate termination when later detected. I further understand my employment will be subject to verification of legal age requirements and may be contingent on passing the applicable examinations. I authorize my present and former employers, schools and references to provide Hudson Hotels Corporation with information necessary to determine my suitability for employment. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand that if I am employed, my employment may be terminated at any time, with or without prior notice, at the option of either myself or the company.

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

Date signed \_\_\_\_\_