



EOE EMPLOYER

STERLING HOSPITALITY MANAGEMENT

DEVELOPERS, OWNERS, AND OPERATORS OF QUALITY LODGING FACILITIES

LAST NAME FIRST MIDDLE SOCIAL SECURITY NUMBER

STREET ADDRESS CITY STATE ZIP HOW LONG?

PREVIOUS STREET ADDRESS CITY STATE ZIP HOW LONG?

HOME PHONE BUSINESS PHONE ALTERNATE PHONE WHERE MESSAGE CAN BE LEFT

() () () ()
POSITION APPLYING FOR SALARY DESIRED IF UNDER 18, CAN YOU PROVIDE A WORK PERMIT?

HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY STERLING HOSPITALITY MANAGEMENT BEFORE? YES NO
IF YES, GIVE DATE AND LOCATION

AVAILABILITY FULL TIME PART TIME TEMPORARY NIGHTS WEEKENDS OVERTIME

ARE YOU LAID OFF AND SUBJECT TO RECALL? HOW DID YOU LEARN OF OUR ORGANIZATION?
YES NO NEWSPAPER AGENCY EMPLOYEE WALK IN OTHER

PLEASE LIST ANY RELATIVES OR FRIENDS EMPLOYED BY US.

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 10 YEARS? YES NO
IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN REFUSED OR DO YOU BELIEVE YOU MIGHT BE REJECTED FOR BONDING?

DO YOU HAVE PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WHICH WILL PERMIT YOU TO BE EMPLOYED?

IF CURRENTLY EMPLOYED, WHY DO YOU WISH TO LEAVE YOUR PRESENT POSITION?

POSITION DESIRED CHECK ONE CHECK ONE
FULL TIME PART TIME REGULAR TEMPORARY \$ EXPECTED RATE OF PAY DATE AVAILABLE FOR WORK

PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK DURING BOTH DAY AND EVENING(IE 8 A.M.-5 P.M.,)

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

THE ABILITY TO WORK NIGHTS, WEEKENDS, AND HOLIDAYS IS IMPORTANT. ARE YOU AVAILABLE NIGHTS WEEKENDS HOLIDAYS

TELL US ABOUT YOUR EDUCATION AND TRAINING.

SCHOOL SCHOOL NAME, ADDRESS, CITY, STATE DID YOU RECEIVE A DIPLOMA OR DEGREE? IF YES, WHAT KIND? IF NO, HIGHEST LEVEL COMPLETED

HIGH SCHOOL

COLLEGE

ADDITIONAL TRAINING

TELL US ABOUT ANY SPECIAL SKILLS YOU HAVE.

PC HARDWARE IBM/COMPATABLE MACINTOSH OTHER

PC SOFTWARE LOTUS WORD PERFECT MICROSOFT WORD MICROSOFT EXCEL OTHER

10 KEY BY SIGHT BY TOUCH KEYSTROKES

DATA ENTRY KEY STROKES DICTATION OR SHORTHAND WPM: TYPING WPM

PLEASE INDICATE ANY OTHER EXPERIENCE, SKILLS, CERTIFICATIONS, OR AWARDS YOU BELIEVE MAY BE IMPORTANT IN HELPING US MAKE A DECISION:

INTERNET ADDRESS: E-MAIL ADDRESS:

**PLEASE GIVE ACCURATE, COMPLETE EMPLOYMENT RECORD.
START WITH PRESENT OR MOST RECENT EMPLOYER**

1

COMPANY NAME	]	TELEPHONE
]	()
ADDRESS(STREET/CITY/STATE/ZIP)	]	EMPLOYED (MONTH AND YEAR)
	]	FROM
	]	TO
NAME OF SUPERVISOR	]	PAY RATE
	]	START
	]	LAST
STATE JOB TITLE AND DESCRIBE YOUR WORK		

REASON FOR LEAVING:

2

COMPANY NAME	]	TELEPHONE
]	()
ADDRESS(STREET/CITY/STATE/ZIP)]	EMPLOYED (MONTH AND YEAR)
]	FROM
]	TO
NAME OF SUPERVISOR]	PAY RATE
]	START
]	LAST
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REASON FOR LEAVING:

3

COMPANY NAME]	TELEPHONE
]	()
ADDRESS(STREET/CITY/STATE/ZIP)]	EMPLOYED (MONTH AND YEAR)
]	FROM
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NAME OF SUPERVISOR]	PAY RATE
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STATE JOB TITLE AND DESCRIBE YOUR WORK		

REASON FOR LEAVING:

4

COMPANY NAME]	TELEPHONE
]	()
ADDRESS(STREET/CITY/STATE/ZIP)	]	EMPLOYED (MONTH AND YEAR)
	]	FROM
	]	TO
NAME OF SUPERVISOR	]	PAY RATE
	]	START
	]	LAST
STATE JOB TITLE AND DESCRIBE YOUR WORK		

REASON FOR LEAVING:

DO NOT CONTACT

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS EMPLOYER NUMBER _____

YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT. REASON _____

IF YOU WERE EMPLOYED UNDER ANOTHER NAME AT ANY OF YOUR OTHER JOBS, PLEASE STATE YOUR NAME AT THE TIME AND FOR WHICH EMPLOYER _____

PLEASE EXPLAIN PERIODS OF UNEMPLOYMENT OR OTHER PERIODS UNACCOUNTED FOR ABOVE

IF EMPLOYED BY THE COMPANY, YOU AGREE TO ABIDE BY ITS RULES AND REGULATIONS. FURTHER, YOU UNDERSTAND THAT THE EMPLOYMENT, WHICH IS ENTERED INTO VOLUNTARILY, IS NOT FOR A STATED PERIOD OF TIME, AND YOU ARE FREE TO RESIGN AT ANY TIME. SIMILARLY, THE COMPANY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP WHEN IT BELIEVES IT IS IN THE COMPANY'S BEST INTERESTS. I UNDERSTAND THAT NO STORE MANAGER OR REPRESENTATIVE OF STERLING HOSPITALITY MANAGEMENT OTHER THAN THE MANAGING MEMBERS HAS AUTHORITY TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

BY SIGNING THIS APPLICATION, YOU AUTHORIZE THE COMPANY TO MAKE ANY INVESTIGATION OF EDUCATION, EMPLOYMENT, PERSONAL HISTORY AND FINANCIAL AND CREDIT RECORDS THROUGH INVESTIGATIVE AND CREDIT AGENCIES AND BUREAUS OF THE COMPANY'S CHOICE. THE SIGNATURE ALSO INDICATES AWARENESS THAT FALSE STATEMENTS OR FAILURE TO DISCLOSE INFORMATION MAY DISQUALIFY YOU FROM EMPLOYMENT OR, IF EMPLOYED, MAY RESULT IN YOUR DISMISSAL.

SIGNATURE OF APPLICANT _____ DATE _____