



APPLICATION FOR EMPLOYMENT

American Hotel Register Company and its subsidiaries, an equal opportunity employer, comply with all federal, state, and local laws, ordinances and regulations concerning equal treatment and non-discrimination in employment. Please read the application carefully **and answer all questions completely**. Failure to adhere to the following guidelines may cause your application to be rejected; (1) complete the application in ink; (2) only submit an original application, do not submit a copy; (3) do not provide extraneous information such as membership in a non work-related organization.

PERSONAL DATA

Name: _____
(Last) (First) (M.I.) (Preferred First Name)

Present Address: _____
(Street) (City) (State) (Zip)

Home Number: (____) _____ Cell Number: (____) _____ Email _____

Are you at least 18 years old? Yes No If not, can you furnish a work permit? Yes No

Are you legally eligible to work in this Country? Yes No

Position applied for _____

Referral Source: Advertisement _____ Employment Agency _____
 Employee _____ Walk-in Other _____
Name of Source (if applicable) _____

I am available to work: Full-Time Part-Time (Specify Hours) _____
 Temporary Shift Work (Shift) _____

Have you ever filed an application with American Hotel Register Co. or its subsidiaries?
Yes No If yes, provide date(s) _____

Have you previously been employed by American Hotel Register Co. or its subsidiaries?
Yes No If yes, indicate date(s), job(s), and location(s) _____

Do you have friends or relatives who are employed by American Hotel Register Co.?
Yes No If Yes, name _____

Can you work overtime and/or weekends? Yes No Are you currently employed? Yes No

Are you on layoff or subject to recall? Yes No On what date would you be available for work? _____

Can you travel if the job requires it? Yes No Are you willing to relocate? Yes No

Have you ever been convicted of a crime? Yes No Explain _____
(Conviction is not an automatic disqualification for employment. The applicant should not disclose any information regarding criminal arrest or conviction records that have been expunged or sealed.)

Why did you apply for work here?



SALES/SERVICE APPLICANTS ONLY

Territory Preferred _____

Do you have the use of reliable transportation to and from work? Yes No

Do you have a valid driver's license? Yes No If yes, please list state _____

Do you currently have automobile insurance or could you get automobile insurance coverage, if hired? Yes No

MILITARY SERVICE RECORD

Do you have job related military experience or training? Yes No

Date of induction: _____ Date of discharge: _____

Rank at time of induction: _____ Rank at time of discharge: _____

Describe job-related training received in the military: _____

SPECIAL SKILLS & QUALIFICATIONS

What are your qualifications for the position for which you applied? Include any specialized training, special skills, or extra-curricular activities which may enhance your qualifications for the position which you are applying.

EDUCATION

Highest Level of Education Attended

Name of School:

Address:

City:

State:

Zip Code:

Circle years **Completed**:

Type of Diploma or Degree:

Less than 1 1 2 3 4 5 6 7 8

Graduated? Yes No



EMPLOYMENT HISTORY

Please list most recent employer first and answer all questions.

Company:	Address (Include street, city, state and zip)	Phone:	Email:	
			Website:	
From Month / Year:	To Month / Year:	Job Title / Job Duties:		
Supervisor's name and title:		May we contact prior to employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Starting salary:	Ending salary:
Give <u>specific</u> reason for leaving:				

Company:	Address (Include street, city, state and zip)	Phone:	Email:	
			Website:	
From Month / Year:	To Month / Year:	Job Title / Job Duties:		
Supervisor's name and title:		May we contact prior to employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Starting salary:	Ending salary:
Give <u>specific</u> reason for leaving:				

Company:	Address (Include street, city, state and zip)	Phone:	Email:	
			Website:	
From Month / Year:	To Month / Year:	Job Title / Job Duties:		
Supervisor's name and title:		May we contact prior to employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Starting salary:	Ending salary:
Give <u>specific</u> reason for leaving:				

Company:	Address (Include street, city, state and zip)	Phone:	Email:	
			Website:	
From Month / Year:	To Month / Year:	Job Title / Job Duties:		
Supervisor's name and title:		May we contact prior to employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Starting salary:	Ending salary:
Give <u>specific</u> reason for leaving:				



APPLICANT'S STATEMENT

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I certify that the answers given herein are true and correct. If hired, I understand and agree that any false statement, answer or omission may result in immediate dismissal and I release the company from all liability if employment is terminated for false statements, answers, or omissions. I understand that the failure to provide complete information, or any misrepresentation in the information I provide, whether on this form or otherwise, may lead to refusal to hire me or to termination of employment, even if the false information is not discovered until years from now.

I understand that depending on the nature of the position, I may be required to have a pre-employment drug/alcohol screen and/or a post-offer physical examination, and I will provide all necessary information regarding my health to the examining physician. I further understand that an offer of employment is conditional upon the medical exam results and physical and mental ability to perform the essential functions of the position subject to reasonable accommodation as required by law.

I understand that this application is not and is not intended to be a contract of employment and if hired, my employment can be terminated at anytime with or without cause, either voluntarily or involuntarily

If hired, I will comply with company policies, rules and regulations (general and safety).

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of identity and employment authorization to work in the United States. I understand that failure to submit proof within the required time shall result in immediate employment termination.

I HAVE READ IN FULL, UNDERSTAND, AND AGREE TO THE FOREGOING STATEMENTS AND CONDITIONS.

Signature of Applicant _____ Date _____

FOR COMPANY USE ONLY

INTERVIEW(S):

<i>Date</i>	<i>Interviewer(s) Name and Title</i>	<i>Face-to-Face or Phone Screen</i>

STATEMENT OF MISDEMEANOR OR FELONY CRIMINAL CONVICTIONS

PLEASE READ CAREFULLY ALL APPLICANTS MUST SIGN THIS FORM (even if no entries are made.)

Instructions:

- List all felonies or misdemeanors for which you were convicted in the last seven years. Conviction is not an automatic disqualification for employment. The applicant should not disclose any information regarding criminal arrest or conviction records that have been expunged or sealed.
- If applicant has no convictions then print name, check the appropriate box and sign the form.
- Exclude minor traffic violations, juvenile convictions, sealed records, expunged records, statutorily eradicated records.
- A copy of this form is available upon request.

Last	First	Middle
NAME		
CONVICTION 1	Date of conviction	Place of conviction
Reason for conviction		Crime for which convicted
County	City	State
Disposition	Fined Amount of Fine Amount Suspended Amount Paid \$ \$ \$	Time in Jail (Dates) From: To:
Explain in detail the circumstances surrounding the above conviction: (Continue on the back if necessary.)		
CONVICTION 2	Date of conviction	Place of conviction
Reason for conviction		Crime for which convicted
County	City	State
Disposition	Fined Amount of Fine Amount Suspended Amount Paid \$ \$ \$	Time in Jail (Dates) From: To:
Explain in detail the circumstances surrounding the above conviction: (Continue on the back if necessary.)		

I have no felonies or misdemeanors for which I was convicted in the last seven years.

I certify that all of the information I have given on this statement is true and complete.

I understand that the failure to provide complete information, or any misrepresentation in the information I provide will result in my not being hired or the termination of employment, even if the false information is not discovered until years from now.

I authorize American Hotel Register Co. to verify any of the information I have submitted herein and hereby release American Hotel Register Co. from all liability for any damages whatsoever arising from the release of any and all information necessary for verification.

I have read and understand the foregoing statements and accept the same as conditions of employment. American Hotel Register Co. is in full compliance with the Federal Fair Credit Reporting Act.

I declare under penalty of perjury under state law that foregoing is true and correct.

Applicant Signature _____ Today's Date _____



STATEMENT OF TRAFFIC INFRACTION CONVICTIONS

PLEASE READ CAREFULLY.

ALL APPLICANTS WHO WILL BE DRIVING FOR THE COMPANY MUST COMPLETE AND SIGN THIS FORM

Instructions:

- List all traffic infractions you pleaded guilty to or were otherwise convicted of within the last five years. Examples of traffic infractions include speeding, running red lights, unsafe turning or passing movements, failing to obey stop signs, driving unregistered vehicles, jaywalking and other pedestrian violations.
- Exclude citations not resulting in convictions as well as parking or equipment violations.
- Where driving for Company is required, more than three (3) moving violations within the last two years may preclude you from being considered for employment.
- You may be asked for a printout of your driving record.

Last	First	Middle
NAME		
Drivers License Number:	Is your license valid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
State:	Expiration date:	

CITATION 1	Date	Violation (Do not identify by using vehicle code number)										
Disposition	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Fined</td> <td style="width: 15%;">Amount of Fine</td> <td style="width: 15%;">Amount Suspended</td> <td style="width: 15%;">Amount Paid</td> <td style="width: 45%;">Was your license:</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td> <input type="checkbox"/> Suspended <input type="checkbox"/> Place on probation <input type="checkbox"/> Revoked <input type="checkbox"/> None of the above </td> </tr> </table>	Fined	Amount of Fine	Amount Suspended	Amount Paid	Was your license:	\$	\$	\$	\$	<input type="checkbox"/> Suspended <input type="checkbox"/> Place on probation <input type="checkbox"/> Revoked <input type="checkbox"/> None of the above	Court and city where you appeared
	Fined	Amount of Fine	Amount Suspended	Amount Paid	Was your license:							
\$	\$	\$	\$	<input type="checkbox"/> Suspended <input type="checkbox"/> Place on probation <input type="checkbox"/> Revoked <input type="checkbox"/> None of the above								
Date												
Explain the circumstances surrounding the above.												

CITATION 2	Date	Violation (Do not identify by using vehicle code number)										
Disposition	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Fined</td> <td style="width: 15%;">Amount of Fine</td> <td style="width: 15%;">Amount Suspended</td> <td style="width: 15%;">Amount Paid</td> <td style="width: 45%;">Was your license:</td> </tr> <tr> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td> <input type="checkbox"/> Suspended <input type="checkbox"/> Place on probation <input type="checkbox"/> Revoked <input type="checkbox"/> None of the above </td> </tr> </table>	Fined	Amount of Fine	Amount Suspended	Amount Paid	Was your license:	\$	\$	\$	\$	<input type="checkbox"/> Suspended <input type="checkbox"/> Place on probation <input type="checkbox"/> Revoked <input type="checkbox"/> None of the above	Court and city where you appeared
	Fined	Amount of Fine	Amount Suspended	Amount Paid	Was your license:							
\$	\$	\$	\$	<input type="checkbox"/> Suspended <input type="checkbox"/> Place on probation <input type="checkbox"/> Revoked <input type="checkbox"/> None of the above								
Date												
Explain the circumstances surrounding the above.												

I have no traffic infractions I pleaded guilty to or were otherwise convicted of within the last five years.
 I certify that all of the information I have given on this statement is true and complete.

I understand that the failure to provide complete information, or any misrepresentation in the information I provide, whether on this form or otherwise, may lead to refusal to hire me or to termination of employment, even if the false information is not discovered until years from now.

I authorize the Department of Motor Vehicles to release to American Hotel Register Co. any information necessary to verify the information I have submitted on this questionnaire.

I have read and understand the foregoing statements and accept the same as conditions of employment. American Hotel Register Co. is in full compliance with the Federal Fair Credit Reporting Act.

I declare under penalty of perjury under state law that foregoing is true and correct.

Applicant Signature _____ Today's Date _____



DISCLOSURE AND AUTHORIZATION FORM

_____ (the “Company”) may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. Information about HireRight’s privacy practices is available at www.hireright.com/privacy-Policy.aspx. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York or Washington applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight’s offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.



AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

Social Security # _____ Date of Birth (for ID purposes only) _____

Present Address _____

City/State/Zip _____

Driver's License # _____



ADDITIONAL STATE LAW NOTICES

If you live in or are applying for a job in the state of California, Maine or New York, please review these additional notices.

CALIFORNIA: You may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

MAINE: You have the right upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

NEW YORK: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.



EQUAL EMPLOYMENT OPPORTUNITY VOLUNTARY SELF-IDENTIFICATION APPLICANT SURVEY

Applicant Name: _____

Our organization is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, sexual orientation, age, disability, gender orientation or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination.

Our organization is required by federal regulations to report information as requested below. Your contribution of this information is completely voluntary. The information you provide is strictly confidential and will not be seen by an interviewer or person making employment decisions. You may inform us of your desire to benefit under the program at this time and/or any time in the future.

PLEASE CHECK ONE: MALE FEMALE

PLEASE CHECK ONE: HISPANIC/ LATINO NOT HISPANIC/ LATINO (If not Hispanic/ Latino, please address race below)

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

- WHITE ASIAN
 BLACK/AFRICAN AMERICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER



PROFESSIONAL REFERENCES

Please complete the information below with three professional references. These references will be **contacted prior to an offer being made**. If possible, please provide references that have managed or supervised you in the past.

1) Name: _____
Title: _____
Employer: _____
Phone: _____
Email: _____
Relationship: _____

2) Name: _____
Title: _____
Employer: _____
Phone: _____
Email: _____
Relationship: _____

3) Name: _____
Title: _____
Employer: _____
Phone: _____
Email: _____
Relationship: _____