

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1. Company name _____ Telephone (____) _____
Address _____ Employed (month/year): From _____ To _____
Name of Supervisor _____ Weekly pay: Start _____ Last _____
Last Job Title _____ Reason for Leaving _____

2. Company name _____ Telephone (____) _____
Address _____ Employed (month/year): From _____ To _____
Name of Supervisor _____ Weekly pay: Start _____ Last _____
Last Job Title _____ Reason for Leaving _____

3. Company name _____ Telephone (____) _____
Address _____ Employed (month/year): From _____ To _____
Name of Supervisor _____ Weekly pay: Start _____ Last _____
Last Job Title _____ Reason for Leaving _____

NOTE: Please circle the number above of any employer or supervisor whom you do not want contacted at this time.
Position Desired _____ Date you can start _____ Salary Desired _____
Ever applied w/this company before? Yes ___ No ___ ; Where? _____ When? _____
How were you referred to this hotel? _____

APPLICANT'S STATEMENT

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FROM ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE. RAINES DEVELOPMENT GROUP OPERATES UNDER THE EMPLOYMENT-AT-WILL DOCTRINE WHICH MEANS THAT BOTH YOU AND RAINES DEVELOPMENT HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON OR FOR NO REASON. NO ONE WITH RAINES DEVELOPMENT HAS THE AUTHORITY TO ALTER OR MODIFY THIS POLICY EXCEPT THE PRESIDENT OF RAINES HOSPITALITY, INC. AND ANY SUCH ALTERATION OR MODIFICATION MUST BE IN WRITING.

Signature _____ Date _____

(FOR EMPLOYERS USE ONLY)

Interviewed by _____ Date _____

Reference Check: Employer 1 _____ Employer 2 _____ Employer 3 _____

Hired: Yes ___ No ___ Position _____ Dept _____

Salary/Wage _____ Date Reporting to Work _____

Approved: (1) _____ (2) _____
Immediate Supervisor General Manager