

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

Yes _____ No _____

If yes, please list charge(s):

Where Convicted, Date Disposition/Status _____

HAVE YOU EVER BEEN TERMINATED OR FORCED TO RESIGN FROM ANY JOB? If yes, explain

EMPLOYMENT HISTORY:

All information in this section must be complete. A résumé may be attached, but not substituted for completing this section.

1. Name of Present or Last Employer: _____

Address _____ Phone (____) _____

Job Title _____

Supervisor's Name _____

From ____/____/____ TO ____/____/____ Hours Per Week ____ Salary _____

May we contact this employer? Yes _____ No _____

Job Duties _____

Reason for Leaving _____

2. Your Next Most Recent Employer: _____

Address _____ Phone (____) _____

Job Title _____

Supervisor's Name _____

From ____/____/____ TO ____/____/____ Hours Per Week ____ Salary _____

May we contact this employer? Yes _____ No _____

Job Duties _____

Reason for Leaving _____

3. Your Next Most Recent Employer: _____

Address _____ Phone (____) _____

Job Title _____

Supervisor's Name _____

From ____/____/____ TO ____/____/____ Hours Per Week ____ Salary _____

May we contact this employer? Yes _____ No _____

Job Duties _____

Reason for Leaving _____

4. Your Next Most Recent Employer: _____

Address _____ Phone (____) _____

Job Title _____

Supervisor's Name _____

From ____/____/____ TO ____/____/____ Hours Per Week ____ Salary _____

May we contact this employer? Yes ____ No ____

Job Duties _____

Reason for Leaving _____

FOREIGN LANGUAGES IN WHICH YOU ARE FLUENT: _____

Do you have any relatives employed with Tides Folly Beach? If yes, please provide names below:

Name _____ Relation _____

Name _____ Relation _____

Give the names, relationship and phone numbers of two people, not relatives, who are familiar with your work.

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

Consideration of your employment application is conditioned upon your reading and signing these paragraphs. If you do not wish to sign, thank you for your interest in Tides Folly Beach.

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and/or employees of Tides Folly Beach which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of Tides Folly Beach to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

I understand and agree that any offer of employment with Tides Folly Beach is conditioned upon my entering into an arbitration agreement with the Hotel, pursuant to which all disputes that might arise out of my employment with the Hotel, whether during or after that employment, will be submitted to binding arbitration. I understand and agree that this does not alter my status (if hired) as an at-will employee.

I have read, understand, and agree to the above statements:

Print Name: _____

Signed _____ Date _____

The following must be filled out completely and signed for your application to be considered

(Please print)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER or STATE ID # _____ STATE ISSUED _____

E-MAIL ADDRESS _____

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: FULL DATE OF BIRTH _____

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN ABOVE? Yes No

Please List Other Names Used _____

Please List Other SS Number Used _____

(Please sign)

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report

TODAY'S DATE _____

I understand that in California, Minnesota, or Oklahoma if a Consumer Report/Investigative Consumer Report (including any Credit Report) was requested, I may order a copy of such report and it will be mailed to me: Yes, please send me a copy of my Report



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