

SSN Hotel Management is an Equal Opportunity Employer. No question on this application is asked for the purpose of limiting or excluding any applicant because of his/her race, color, religion, age, sex, national origin, disability, veteran status, citizenship, or any other protected status under federal, state or local law.

Date of Application: _____

Position Applied for: _____

Location: _____

Referral Source:	Advertisement (specify)	_____
	Internet Site (specify)	_____
	Other (specify)	_____
	SSN Employee (specify)	_____

Name: _____

LAST	FIRST	M.I
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Address: _____

NO/STREET	CITY	STATE	ZIP
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Phone: _____

HOME	CELL
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Email (Optional): _____

Have you ever filed/employed by SSN (Circle one) YES NO

Are you currently employed (Circle one) YES NO (If yes, may we contact your employer, circle one YES NO)

Are you legally permitted to work in USA? YES NO (If No, we will not accept your job application)
(If yes, you will be required to prove eligibility to work in USA)

Are you available to work? (Circle one) FULL-TIME PART-TIME Other: _____

Can you travel, if required for job (Circle one) YES NO

Describe special skills and qualifications acquired from employment or other volunteer or charitable experience.

Are you able to perform all the tasks of the job applied for with or without reasonable accommodations? (Circle One) YES NO

List professional, trade, business or civic activities and offices held, including U.S. Military service, which are relevant to your ability to perform the position for which you are applying. Omit any references to organizations or activities that would indicate race, religion, age, sex, national origin or ancestry, sexual orientation, disability or political persuasion.

Give name, address and phone number of three professional / work references not related to you.

- 1) _____
- 2) _____
- 3) _____

Have you ever been convicted of a felony? (Circle one) YES NO

EDUCATION

	High School	College/University	Other
School Name			
Years Completed (Circle)	9 10 11 12	1 2 3 4	
Diploma / Degree / Equivalent			
Describe Course of Study			
Describe Specialized Training, Apprenticeship, Skills & Extra-Curricular Activities			

EMPLOYMENT EXPERIENCE

1) Employer:		Dates		Experience
		From	To	
Address	Phone#			
Job Title		Hourly/Salary (in USD)		
		Starting	Final	
Supervisor				
Reason for Leaving				
2) Employer:		Dates		Experience
		From	To	
Address	Phone#			
Job Title		Hourly/Salary (in USD)		
		Starting	Final	
Supervisor				
Reason for Leaving				
3) Employer:		Dates		Experience
		From	To	
Address	Phone#			
Job Title		Hourly/Salary (in USD)		
		Starting	Final	
Supervisor				
Reason for Leaving				

APPLICANT'S AUTHORIZATION - READ CAREFULLY BEFORE SIGNING

A physical examination may be required of all job applicants after a job offer is extended but prior to beginning work, which includes testing for drug and alcohol use, to verify fitness to work. The result of such examination will not be used to disqualify an applicant except to the extent that any disability discovered would, even with reasonable accommodation, preclude the safe and adequate performance of the job in question. However, applicants who test positive for illegal drugs or alcohol shall be disqualified from employment.

I hereby affirm that the information on this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I also agree that any misstatement, falsified information, or omission deemed significant by SSN Hotel Management may disqualify me from further consideration for employment and/or may be considered justification for discharge if discovered after an offer of employment has been extended to me.

I understand that if a job offer is extended, I may be required to successfully pass a background investigation as a condition of employment.

I understand that I will be required to sign a consent form for this purpose, and in connection with this investigation, I authorize all persons, schools, companies, corporations and organizations named in this application (and accompanying documents, if any), law enforcement agencies, and credit bureaus to release any information concerning my background, and I hereby release them and SSN and its representatives from any and all claims of liability in law and in equity that may arise out of conducting an investigation with respect to the information contained in this application and/or my eligibility for employment, in making any requests relating to same, out of the release and attainment of information regarding same, and for relying on any information received.

I understand that nothing in this application or any other SSN document, or an acceptance of employment, creates or is an employment contract between SSN and me, and that should I be hired, my employment would be for no fixed duration, and may be terminated by me or SSN at any time with or without cause or notice. I understand that no oral or written statement to the contrary, unless contained in a document signed by a Managing Member, shall change this relationship, or should be relied upon by me.

DATE

SIGNATURE

THIS APPLICATION WILL BE CONSIDERED FOR 90 DAYS FROM THE DATE IT IS SUBMITTED SHOULD YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT DATE, YOU MUST SUBMIT A NEW APPLICATION.

FOR HIRING MANAGER USE ONLY

Arrange Interview YES NO

Remarks _____

Employed YES NO Date of Employment: _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____

NAME/TITLE

DATE