



Application for Employment

GENERAL INFORMATION

| | | | |
|-----------------|---------------|-----------------|------------|
| Last Name | First Name | Middle Name | Nick Name |
| Street Address | | City, State Zip | |
| Mailing address | | City, State Zip | |
| Email | Contact Phone | Home Phone | Cell Phone |

If you are hired can you present proof of your legal right to work in the United States? Yes No

Are you at least 18 years of age? Yes No If not, hiring may be subject to verification of age and a valid work permit.

If under 18 please state your age:

Why do you want to work for Martin North?

Have you ever worked for Martin North before? Yes No If yes, list dates and supervisor(s):

Do you have any friends or relatives that work for Martin North? Yes No
If yes, enter their names and relationship to you:

Have you ever been terminated, asked to resign or left a job without notice? Yes No
If yes, explain the circumstances and employer:

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

POSITION

| | | | |
|--|--------|--|--|
| Position applied for or type of position desired: | | Available For: | Available Shifts: |
| | | <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> On-call | <input type="checkbox"/> Days <input type="checkbox"/> Swing <input type="checkbox"/> Evenings <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends |
| Salary desired: <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly | | When can you start? | |
| If required can you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Can you work holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Hours available | Sunday | Monday | Tuesday |
| Start Time | | | |
| End Time | | | |
| How did you hear about this position? | | | |

EDUCATION AND TRAINING

Are you a high school graduate? Yes No If not, have you passed the GED? Yes No

List your Colleges, Business Schools, and Military Training (with the most recent first)

| Name and Location | # of Yrs Attended | Major/Area of Study | Degree(s) |
|-------------------|-------------------|---------------------|-----------|
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WORK EXPERIENCE

List your work experience, starting with your most recent employment. You may use the + Add Experience link to add additional jobs. (Do NOT enter "see resume".)

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|---------------------------|-------------|---|-------|--|
| Employer | | Address | | |
| Supervisor(s) Name, Title | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone | Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Starting Date | Ending Date | Reason for Leaving | | |
| Starting Title | | Starting Duties | | |
| Ending Title | | Ending Duties | | |
| Employer | | Address | | |
| Supervisor(s) Name, Title | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone | Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Starting Date | Ending Date | Reason for Leaving | | |
| Starting Title | | Starting Duties | | |
| Ending Title | | Ending Duties | | |
| Employer | | Address | | |
| Supervisor(s) Name, Title | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Phone | Eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Starting Date | Ending Date | Reason for Leaving | | |
| Starting Title | | Starting Duties | | |
| Ending Title | | Ending Duties | | |

OTHER SKILLS

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|---|
| <p>List any special training, work-related skills, achievements, equipment certification, occupational licenses, military training, certifications or registrations relevant to this position. If hired, you may be required to submit copies for verification.</p> |
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| <p>State any additional information you feel may be helpful to us in considering your application.</p> |
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PROFESSIONAL REFERENCES

Enter the names and contact numbers of three (3) business/work references of people who are not related to you, or if not applicable you may enter school or personal references of people who are not related to you.

| Name | Position/Company/Address | Yrs Known | Contact Number/Email |
|------|--------------------------|-----------|----------------------|
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SIGNATURES (Please read carefully, initial each paragraph and sign below)

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| | <p>**All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age, disability or any other protected class. No information on this application will be used for the purpose of discrimination.</p> <p>**Submitting this application certifies that my answers to the foregoing questions are true and correct and that I understand that intentionally false information will result in refusal of employment or termination of employment if discovered after the date of hire.</p> <p>**I voluntarily grant Martin Hospitality the right to investigate and verify the information and statements I have provided in this application and agree to hold all persons harmless with respect to any information they may give, receive or verify.</p> <p>**I hereby acknowledge and agree that any employment relationship with Martin Hospitality is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is further agreed that this "at will" employment relationship may not be changed by any written document or by conduct, unless such change is specifically agreed and acknowledged in writing by an authorized executive of this organization.</p> |
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Signature

Date