

**EMPLOYMENT APPLICATION**

Date: \_\_\_\_\_

FOUR STAR PROPERTIES, INC. dba BEST WESTERN SADDLEBACK INN

(PLEASE PRINT CLEARLY)



**TO APPLICANT:**

You must personally complete the application for it to be considered.  
 Applications are considered effective for only sixty (60) days.  
 Thereafter, you must personally renew the application to be considered for employment.

NAME IN FULL (First / Middle / Last)		SOCIAL SECURITY NUMBER		ARE YOU AT LEAST 18 YEARS OLD?	
		-- --		___ YES ___ NO	
HAVE YOU EVER USED ANOTHER NAME AND/OR SOCIAL SECURITY NUMBER FOR IDENTIFICATION? If so, please identify:				IF APPLYING FOR FOOD AND BEVERAGE, ARE YOU AT LEAST 21 YEARS OLD? ___ YES ___ NO	
PRESENT ADDRESS	CITY	STATE	ZIP	PHONE NUMBER	IF APPLYING FOR BELLMAN, ARE YOU AT LEAST 23 YEARS OLD? ___ YES ___ NO
PERMANENT ADDRESS	CITY	STATE	ZIP	PHONE NUMBER	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.? ___ YES ___ NO
IN CASE OF EMERGENCY NOTIFY:		ADDRESS:		PHONE:	
What type of Drivers License do you have? ___ Operator ___ Commercial Operator ___ Class		Drivers License Number		Any Restrictions on License? ___ YES ___ NO	
				If yes, explain.	
POSITION APPLIED FOR:				DESIRED SALARY OR HOURLY WAGE:	

EDUCATION	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School			___ Yes ___ No	
High School		1 2 3 4	___ Yes ___ No	
College		1 2 3 4	___ Yes ___ No	
Trade, Business or Correspondence School		1 2 3 4	___ Yes ___ No	

Subjects of Special Study or Research Work:

Activities Other Than Religious (Civic, Athletic, etc.):

Exclude organizations, the name or character of which indicates the race, age, sex, color or national origin of it's members.

EQUAL OPPORTUNITY EMPLOYER M/F/H

**IMPORTANT!** GIVE NAME, ADDRESS AND SALARY HISTORY OF LAST FIVE (5) LAST EMPLOYERS, INCLUDING NAME OF SUPERVISOR, STARTING AND ENDING DATES OF EMPLOYEMENT AND REASON FOR LEAVING.....

Name of Employer and Supervisor	Address and Phone	Type of work done	Salary / Hourly Rate		Employed		Reason for Leaving
			Start	End	From	To	
1.							
2.							
3.							
4.							
5.							

Are you physically able to perform the duties of the job for which you are applying?  Yes  No

Will you abide by the safety rules of this company?  Yes  No

If injured will you accept the medical facilities recommended by your employer?  Yes  No

Have you ever been convicted of a criminal offense (do not include parking tickets)?  Yes  No

If Yes	Date	Nature of Conviction	Where	Disposition of Offense

A conviction record will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

REFERENCES: Give below names of three (3) persons not related to you whom you have known at least one (1) year.

Name	Address	Phone Number	Business	Years Acquainted
1.				
2.				
3.				

DATE YOU CAN START \_\_\_\_\_

Are you employed now?  Yes  No : If so, may we inquire of your present employer?  Yes  No



PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I hereby declare that I am not disabled in any way which would prevent me from steadily performing all the work applied for in this application. I further declare that the answers to the questions on this application are correct and that any misstatement of fact or omission should be cause for dismissal or rejection. I authorize the SADDLEBACK INN to contact any of my previous employers as well as any reference source in order to verify the facts and information I have furnished regarding my qualifications and character. I hereby authorize any person(s) having knowledge thereof to provide such information to the SADDLEBACK INN and I hereby release from liability and agree to hold harmless any person that furnishes such information in good faith. I agree that I will submit to a physical, polygraph, urinalysis, and/or blood or other examination requested by the SADDLEBACK INN at any time subsequent to my employment. I authorize the SADDLEBACK INN to supply my employment record in whole or part and in confidence to any employer, insurance agency, or other party with legal and proper interest, and I hereby release the SADDLEBACK INN from any liability and agree to hold harmless any employee of the SADDLEBACK INN who furnishes such information. I further understand that my employment is for no fixed time and may be discontinued with or without cause or notice by myself or the company. I understand that no employee or officer or agent of the SADDLEBACK INN may bind it by oral or printed statements, including handbooks, benefit books, or bulletins, contrary to the above. Finally I understand that no firearms, alcohol, or drugs are permitted on SADDLEBACK INN premises, and that either being under the influence of illicit drugs and alcohol, or having identifiable traces of them in my system during working hours is strictly prohibited. If medication is prescribed by a doctor, I am required to so notify management, in writing, of the specific medical problem and the exact drug that has been prescribed, immediately upon reporting to work.

Under the provisions of the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681, et seq. notice is hereby given that a consumer report or investigative consumer report may be made which may include information to your credit worthiness, character, general reputation, personal characteristics, and mode of living, which will be used for employment purposes. An investigation into your workers' compensation or industrial accident background may also be included.

You are further advised under said Act that any person who procures or causes to be prepared an investigative consumer report on any consumer shall, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by subsection 1681 (d) shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer or such report was first requested, whichever is the latter.

You are further advised that if you are denied employment, either wholly or partly, because of information contained in a consumer report as that term is defined in the Fair Credit Reporting Act, that a disclosure will be made to you of the name and address of the consumer reporting agency making such report.

I have carefully read the information on this form, realize I had the opportunity to ask questions about it, and understand what it means.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

EQUAL OPPORTUNITY EMPLOYER M/F/H

**DO NOT WRITE BELOW THIS LINE**

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TO BE SIGNED ON THE DATE OF EMPLOYMENT

I have carefully read the information on this form, realize I had the opportunity to ask questions about it, and understand what it means.

\_\_\_\_\_

Signature of Employee

Signature of Supervisor/Witness

Date

Date

**DO NOT WRITE BELOW THIS LINE**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Neatness		Ability	
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Hired: \_\_\_\_\_ Department: \_\_\_\_\_ Position: \_\_\_\_\_ Will Report: \_\_\_\_\_ Salary/Wages: \_\_\_\_\_

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Supervisor Department Head Manager

Date: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_