KINSETH HOSPITALITY COMPANIES
APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date _____ Soc. Security # _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone No. _____

Referred By _____

Are you 18 years of age or older? ☐ Yes ☐ No
(If not, employment subject to verification of age.)

EMPLOYMENT DESIRED

Position _____ Date You Can Start _____ Salary Desired _____

Are You Employed Now? ☐ Yes ☐ No

If So May We Contact Your Present Employer? ☐ Yes ☐ No

Ever Applied to this Company Before? ☐ Yes ☐ No Where? _____ When? _____

Shift applying for ☐ am ☐ pm Hours Desired ☐ Full-time ☐ Part-time

Last First Middle

EDUCATION

	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	☐ Yes ☐ No	
College		1 2 3 4	☐ Yes ☐ No	
Additional College (Masters, Ph. D.)		1 2 3 4	☐ Yes ☐ No	
Trade, Business or Correspondence School		1 2 3 4	☐ Yes ☐ No	

GENERAL

Subjects of Special Study or Research Work _____

Job Related Skills (typing, driver's license, etc.) _____

Have you ever been convicted of a felony? _____

(If yes, state circumstances) _____

(Continued on Other Side)

FORMER EMPLOYERS List below your last four employers, starting with the most current one first.

May We Contact?	Date Month and Year	Name, Address & Phone Number of Employer	Salary (upon leaving)	Position	Reason for Leaving
Yes No ☐ ☐	From / To				
Yes No ☐ ☐	From / To				
Yes No ☐ ☐	From / To				
Yes No ☐ ☐	From / To				

REFERENCES List below three persons not related to you, whom you have known at least one year.

	Name	Address	Phone No.	Position	Years Acquainted
1					
2					
3					

In Case Of Emergency Notify:

Name Address Phone#

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date Signature

FOR OFFICE USE ONLY

Interviewed By: Date:

Hired Y or N Position Dept:

Salary / Wage: Date Starting

GM Approved: