



**EMPLOYMENT APPLICATION**  
(Please Print)

MANAGEMENT USE ONLY											
ACTION CODE			ACTION DATE			HIRE DATE					
NEW HIRE	REHIRE	REINSTATE									
1	3	5									
			MO	DAY	YEAR	MO	DAY	YEAR			

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 SSN \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Home Ph. No. (\_\_\_\_) \_\_\_\_\_ Emergency Contact Name: Last \_\_\_\_\_ First \_\_\_\_\_  
 Relationship \_\_\_\_\_ Tel. No. of Emergency Contact (\_\_\_\_) \_\_\_\_\_

**Present or Most Recent Position**

**EMPLOYMENT HISTORY**

Employer	From	To	Ending Salary
Street	City & State		Zip Code
Name & Title of Supervisor	Telephone		

May we contact your present employer for a reference?  Yes  No

Reason for leaving \_\_\_\_\_  
 Job title and duties \_\_\_\_\_  
 \_\_\_\_\_

Reference check results \_\_\_\_\_  
 (Manager's Use Only)

**Former Position**

Employer	From	To	Ending Salary
Street	City & State		Zip Code
Name & Title of Supervisor	Telephone		

Reason for leaving \_\_\_\_\_  
 Job title and duties \_\_\_\_\_  
 \_\_\_\_\_

Reference check results \_\_\_\_\_  
 (Manager's Use Only)

**Summary of All Earlier Employment - Please attach resume if available.**

Organization	Location	From	To	Last Title	Ending Salary

**Education**

Relevant Education or Training	_____
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Have you ever been employed with us before?  Yes  No If yes, give date(s) \_\_\_\_\_  
 On what date would you be available to work? \_\_\_\_\_  
 Are you currently under an income withholding order for child support?  Yes  No If yes, what state? \_\_\_\_\_

This application will receive active consideration for 30 days.  
**AN EQUAL OPPORTUNITY EMPLOYER**

EOE M/F D/V

Guest Services' employees are forbidden to possess, use, distribute, dispense, be under the influence of or manufacture any non-prescribed controlled substance while on Guest Services premises or worksites. The Company reserves the right to drug test, as well as search employee's private property, if it believes an employee has violated this policy.

The information I have provided on this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon Guest Services to continue to employ me in the future. Any employment that results between Guest Services and me will be "at will." Any employment relationship may be terminated by either party at any time with or without notice. The "at will" employment status may not be changed except by a written agreement signed by both the President of Guest Services, Inc. and me. I authorize the persons, schools, current employer (if approved by me in the Employment History Section) and other organizations or employers named in this application to provide Guest Services with any relevant information that may be required to arrive at an employment decision.

**I understand and agree to the above as a condition of employment.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR POST HIRE MANAGEMENT USE ONLY  
CONFIDENTIAL**

<b>MARITAL STATUS</b>				<b>GENDER</b>				<b>BIRTH DATE</b>					
SINGLE		MARRIED		MALE		FEMALE							
<input type="checkbox"/> 1		<input type="checkbox"/> 2		<input type="checkbox"/> 1		<input type="checkbox"/> 2							
								MONTH	DAY	YEAR			
<b>B</b>	JOB CLASS	UNIT NUMBER	PAY TYPE		CATEGORY			STATUS		PAY GRADE	ANNUAL PAY	HOURLY RATE	
			Hourly	Salary/OT	Salary/ No OT	Reg	Season	Wages Only	Full Time	Part Time			
			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
<b>D</b>	SCHEDULED WEEKLY			HOURLY WAGE CREDITS			NEXT REVIEW DATE						
	Hours	Days	Meals	Tips	Meals	Lodging							
<b>E</b>	WITHHOLDING EXEMPTIONS	SINGLE	MARRIED	HEAD HOUSE	ADD'L AMOUNT	E.I. CREDIT	CODE	W.H. EXEMPT	SINGLE	MARRIED	HEAD HOUSE	ADD'L AMOUNT	FIC EXEMPT
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		YES <input type="checkbox"/>			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		YES <input type="checkbox"/>
<b>F</b>	UNION			NON-UNION			POLICE RECORDS CHECK RESULTS RECEIVED						
	<input type="checkbox"/>			<input type="checkbox"/> 5			<input type="checkbox"/> Y			<input type="checkbox"/> N			
<b>N</b>	<b>RACE</b>												
	1 <input type="checkbox"/> WHITE			3 <input type="checkbox"/> HISPANIC or LATINO (White Race Only)			5 <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE			7 <input type="checkbox"/> HISPANIC or LATINO (All Other Races)			
	2 <input type="checkbox"/> BLACK or AFRICAN AMERICAN			4 <input type="checkbox"/> ASIAN			6 <input type="checkbox"/> NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER						

**U.S. MILITARY STATUS**

- |   |   |   |  |
|---|---|---|--|
| 0 <input type="checkbox"/> Non-Veteran      | 1 <input type="checkbox"/> Active Duty              | 2 <input type="checkbox"/> Veteran        | 3 <input type="checkbox"/> Retired             |
| 4 <input type="checkbox"/> Disabled Veteran | 5 <input type="checkbox"/> Vietnam-Disabled Veteran | 6 <input type="checkbox"/> Korean Veteran | 7 <input type="checkbox"/> Vietnam-Era Veteran |
| 8 <input type="checkbox"/> Active Reserve   | 9 <input type="checkbox"/> Inactive Reserve         |   |  |

Approval of President/Division Head/Dept. Head/Unit Manager \_\_\_\_\_ Date \_\_\_\_\_ Approval HR \_\_\_\_\_  
(I verify submission of police records check)

**DISCLOSURE REGARDING CONSUMER REPORTS**

Please be advised that Guest Services, Inc. or its subsidiaries may obtain one or more consumer reports for employment purposes prior to any offer of employment and prior to other employment decisions including decisions regarding promotion, reassignment or retention as an employee. These consumer reports may contain information concerning your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

These consumer reports may also include investigative consumer reports, including information obtained through interviews and concerning your character, general reputation, personal characteristics, and mode of living. If Guest Services, Inc. obtains an investigative consumer report, you may request in writing a complete and accurate disclosure of the nature and the scope of the investigation requested in the investigative consumer report. You may also request, in writing, a written summary of your rights under the Fair Credit Reporting Act.

Please sign below under "Consent To Obtaining Consumer Reports" to indicate that you authorize Guest Services, Inc. to obtain these reports for employment purposes.

**CONSENT TO OBTAINING CONSUMER REPORTS**

**READ CAREFULLY BEFORE SIGNING**

**Please print clearly and use blue or black ink**

1) I have read the above "Disclosure Regarding Consumer Reports" and hereby authorize Guest Services, Inc. or its subsidiaries to obtain consumer reports, including investigative consumer reports, concerning me for employment purposes. These purposes may include evaluating me for employment, promotion, reassignment or retention as an employee, or any other employment purpose, at all times during the pendency of my employment application and, if I am hired, throughout the duration of my employment. If I am hired, this authorization shall remain on file and shall serve as ongoing authorization for Guest Services, Inc. to procure consumer reports, including investigative consumer reports, for lawful purposes at any time during my employment.

2) I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agency, financial institutions, or any other person or agency having knowledge of me to relate information or opinions about me, including data received from other sources, in order that I may be evaluated for employment purposes. I hereby release these persons and/or organizations from any and all liability for damages of whatever kind or nature, whether known or unknown, which may at any time accrue to me on account of information obtained pursuant to this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Date

Police Reference checks are required for all positions. Please provide the following information:

Have you pled guilty or no contest to a crime, been convicted of a crime, or released from prison within the last 7 years?  Yes  No

If yes, please provide details including year, offense, and location of :

**Discovery of criminal activity not listed above could result in dismissal.**

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Place of Birth \_\_\_\_\_ Drivers License No. \_\_\_\_\_ State Issued \_\_\_\_\_

Maiden name, aliases and other names used: \_\_\_\_\_

**Current**

Addresses for Last Seven Years				Dates Lived There	
Address	P.O. Box or Apt	City, State	Zip Code	MO/YR	MO/YR

\_\_\_\_\_  
Manager Name (Please print)

\_\_\_\_\_  
Unit Number

\_\_\_\_\_  
Unit Phone Number

\_\_\_\_\_  
Unit Fax Number

**Instructions to Managers Regarding Police Records Check**

1. Have employee read and COMPLETE IN INK the reverse side of this document. The information must be legible.
2. Complete last line of form.
3. Fax reverse side to EIS c/o Harvey Bobb (301) 881-1992 or call Harvey Bobb @ (301) 881-3232.
4. YOU MAY NOT GIVE AN OFFER OF EMPLOYMENT PRIOR TO RECEIVING A RESPONSE FROM EITHER EIS OR GUEST SERVICES DIRECTOR OF SECURITY; HOWEVER, IN EXTREME 'OPERATIONAL EMERGENCIES' YOU MAY EMPLOY INDIVIDUALS TEMPORARILY – NOT TO EXCEED 72 HOURS – PENDING REFERENCE AND POLICE RECORDS CHECKS.
5. Police records check results are submitted with new hire package.