

**EMPLOYMENT APPLICATION**

Date of Application \_\_\_\_\_

Your Contact Information

First Name Middle Initial Last Name

Street Address City, State, Zip

Home Number Alternative Number

Position Information

Position Desired Desired Salary/Hourly Wage

Please indicate your availability to work:

|           | Sun | Mon | Tue | Wed | Thur | Fri | Sat |
|-----------|-----|-----|-----|-----|------|-----|-----|
| AM Shift  |     |     |     |     |      |     |     |
| PM Shift  |     |     |     |     |      |     |     |
| Overnight |     |     |     |     |      |     |     |

Are there any days/shifts/hours that you are not able to work?

When are you available to begin work? \_\_\_\_\_

Work Eligibility

Are you eligible to work in the United States?  Yes  No

Do you meet the minimum requirements to serve alcohol?  Yes  No

Have you been convicted of a felony or a misdemeanor within the last seven (7) years?  Yes  No

If yes, please explain

*Conviction of a crime will not necessarily disqualify you from the job for which you are applying. Each conviction will be considered with respect to time, job relatedness, and other relevant factors.*

Your Background

Where did you attend...

Highschool? \_\_\_\_\_ 9 10 11 12

Please indicate the highest level completed

Did you graduate?  Yes  No

College? \_\_\_\_\_ 1 2 3 4

Please indicate the highest level completed

Did you graduate?  Yes  No

Training & Skills

Please list below any other special training or skills (educational, or job specific training, skills, computer knowledge, etc)

\_\_\_\_\_  
\_\_\_\_\_

**Basic  
Information**

**How did you hear about us?**

- Advertisement, where? \_\_\_\_\_
- Web, what site? \_\_\_\_\_
- Walk-in
- A current associate, if so, who? \_\_\_\_\_

**Have you ever applied with Graves Hotels.Resorts before?**  Yes  No

If yes, when \_\_\_\_\_

**Have you ever been employed with Graves Hotels.Resorts?**  Yes  No

If yes, when & with what property \_\_\_\_\_

**Do you have any relatives who are currently employed with Graves Hotels.Resorts?**  Yes  No

If yes, please provide their name, and relationship to you \_\_\_\_\_

**Former  
Employment  
Information**

*Please list your 3 past employers, starting with your current or most recent employer.*

**CURRENT EMPLOYER OR MOST RECENT EMPLOYER**

Employer Name & Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor Name/Title \_\_\_\_\_

Briefly describe your job duties \_\_\_\_\_

Hire date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

How did you leave?  Resigned  Terminated

May we contact this employer?  Yes  No

**NEXT MOST RECENT EMPLOYER**

Employer Name & Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Your Job Title \_\_\_\_\_ Supervisor Name/Title \_\_\_\_\_

Briefly describe your job duties \_\_\_\_\_

Hire date \_\_\_\_\_ End Date \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

How did you leave?  Resigned  Terminated

May we contact this employer?  Yes  No

**NEXT MOST RECENT EMPLOYER**

|                                  |                                   |                                     |                             |
|----------------------------------|-----------------------------------|-------------------------------------|-----------------------------|
| Employer Name & Address          |                                   | Phone Number                        |                             |
| Your Job Title                   |                                   | Supervisor Name/Title               |                             |
| Briefly describe your job duties |                                   |                                     |                             |
| Hire date                        | End Date                          | Starting Wage                       | Ending Wage                 |
| Reason for Leaving               |                                   |                                     |                             |
| How did you leave?               | <input type="checkbox"/> Resigned | <input type="checkbox"/> Terminated |                             |
| May we contact this employer?    |                                   | <input type="checkbox"/> Yes        | <input type="checkbox"/> No |

**Signature & Acknowledgement**

I hereby certify that all of the information provided by me in this application (or any other accompanying documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that if an offer of employment is extended by the Company that such employment at the Company is at will, for no specified duration and may be terminated by either the Company or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, or statements of the Company is deemed a contract of employment real or implied. I understand that no representative of the Company except the President or CEO has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and those agreements must be made in writing and signed by the President or CEO of Graves Hospitality Corporation.

In consideration for employment with the Company, if employed, I agree to conform to the rules, regulations, policies and procedures of the Company at all times and understand that due to the nature of the Company, attendance and punctuality are considered essential requirements of every employee of the Company and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with the Company, I may be required to submit to a pre-employment drug screening, and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests or checks will result in the withdrawal of any employment offer or termination of employment if already an employee.

I hereby authorize any and all schools, former employers, references, courts or any others who have information about me to provide such information to the Company and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

**By signing below I acknowledge that I have read, understood and agree to the above statements.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

graves|hotels.resorts.

**We are an equal opportunity employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected by law.**

## Applicant Flow Data

It is our policy to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

VARIOUS AGENCIES OF THE U.S. GOVERNMENT REQUIRE EMPLOYERS TO COLLECT INFORMATION ON APPLICANTS/EMPLOYEES. INFORMATION REQUESTED ON THIS FORM IS FOR THE PURPOSE OF COMPLIANCE WITH THESE RECORD KEEPING REQUIREMENTS AND TO DETERMIN RECRUITING AND EMPLOYMENT PATTERNS. Such information will in no way affect the decision regarding your application for employment. This form will be kept confidential and maintained separately from your application.

Completion of this form is voluntary and not required for employment.

Applicant  
Information

Name

Date:

Position Applied For:

Race:

Gender:

White

Female

Black

Male

Hispanic

Asian or Pacific Islander

American Indian/Alaskan Native

Regulations issued by the US Department of Labor with respect to veterans require that federal contractors provide a self-identification opportunity to applicants for employment. Such self-identification and any information provided by the applicant is submitted (a) on a voluntary basis, (b) on a confidential basis, (c) for use only in accordance with regulations and (d) without subjecting the individual to adverse treatment. If you wish to be identified, please do so and provide any information you wish to submit.

**Vietnam Era Veteran** (A veteran who is honorably discharged and served 180 days of active duty between 8/5/64 and 5/7/75.)

**Other Eligible Veteran** (A veteran who served in active duty during a war, or in a campaign, or an expedition, for which a campaign badge has been authorized.)

Please return this form with your Employment Application. Thank you.