



EMPLOYMENT APPLICATION

Thompson Hospitality is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, sexual orientation, marital status, or any other status protected under local, state or federal laws.

Please print clearly. Use blue or black ink.

Position(s) Applied For _____
 Name _____ Date _____
 Address _____
 Phone # _____ SSN _____

How Did You Hear About Thompson Hospitality? _____
 Are you legally eligible to work in the United States? _____
 Are you over the age of 18 years? _____
 Have you ever applied to Thompson Hospitality before? _____
(If yes, please give date)
 Have you ever been convicted of a felony? _____
(A conviction will not necessarily disqualify you)
 If yes, please explain _____

Is anyone related to you employed by Thompson Hospitality? _____
 If yes, please give their name and relationship to you _____
 What is your salary or rate of pay do you expect? _____
 Have you ever been fired or asked to resign from a job? _____
 If yes, please explain _____
 On what date would you be available to work? _____

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
Elementary				
High School				
College				
Graduate				
Vocational				



EMPLOYMENT HISTORY

Company _____

Dates of employment _____ Starting/ending pay _____

Supervisor's name and title _____

Reason for leaving _____

Describe your responsibilities _____

May we contact your supervisor? _____

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REFERENCES: Please list three professional references.

Name	Phone Number	Relationship	Years Known

MARYLAND EMPLOYEES:

"Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100."

I HAVE READ AND UNDERSTAND THE STATEMENT ABOVE.

Applicant's Signature

Date



APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required 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 will 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, should an offer of employment be extended by Thompson Hospitality that such employment with 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, statements of the company or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the company except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Thompson Hospitality.

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 such obedience is a condition of employment. I understand that due to the nature of the company business, attendance and punctuality are considered essential requirements of every job at Thompson Hospitality 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 medical examination, 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 and checks will result in withdrawal of any employment offer or termination of employment if already employed. I also understand that if offered a position with Thompson Hospitality, I will have a 90-day probation period.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Thompson Hospitality 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



Applicant Voluntary Data Form

Thompson Hospitality is an equal opportunity employer. We take every effort to recruit qualified candidates from all sectors of the workforce. We respectfully request your assistance in helping our company track applicant information. This information is used only for the purpose of complying with government reporting requirements. Completion of the information below is on a voluntary basis. This information will not be used in any way to affect any employment decisions.

Position applied for _____

Gender:

- Male
- Female

Ethnic Origin:

- White
- Black
- Hispanic
- Asian/Pacific Islander
- Native American

Veteran Status:

- Yes
- No

Thank you for your cooperation.