

PINNACLE HOSPITALITY SYSTEMS

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Position(s) Applied for _____ ☐ Full Time
Name _____ Social Sec. No. _____ ☐ Part Time
Street _____ City _____ Zip _____ ☐ Shift Work
Home Phone (____) _____ Bus. Phone (____) _____ Drivers Lic.# _____
(If required for the position which you are applying for.)

Have you filed an application here before? ☐ Yes ☐ No Have you ever been employed here before? ☐ Yes ☐ No
Are you on lay off and subject to recall? ☐ Yes ☐ No Can you travel if job requires it? ☐ Yes ☐ No
Date available for work _____ What is your desired salary range? _____
If you are under 18, and it is required, can you furnish a work permit? ☐ Yes ☐ No
If no, please explain: _____
Are you legally eligible for employment in this country? ☐ Yes ☐ No
Are you able to meet the attendance requirements of the position? ☐ Yes ☐ No
Will you work overtime? ☐ Yes ☐ No
How were you referred? _____
List names of your friends or relatives, other than your spouse, who work here _____
Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?
(Conviction information will not necessarily exclude you from a position unless it's job related.) ☐ Yes ☐ No
Explain _____

EDUCATION

HIGH SCHOOL
Name _____ Years Completed 1 2 3 4 (circle)
Address _____ Diploma? ☐ Yes ☐ No

COLLEGE
Name _____ Years Completed 1 2 3 4 (circle)
Address _____ Diploma? ☐ Yes ☐ No

GRADUATE
Name _____ Years Completed 1 2 3 4 (circle)
Address _____ Diploma? ☐ Yes ☐ No

TECHNICAL OR SPECIAL TRAINING

Describe: _____

Do you have experience in the following areas:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Internet | <input type="checkbox"/> MS Word | <input type="checkbox"/> MS Excel | <input type="checkbox"/> MS PowerPoint |
| <input type="checkbox"/> IBM / PC | <input type="checkbox"/> Other Word Processing System | <input type="checkbox"/> Other Spreadsheet System | <input type="checkbox"/> Other Presentation Application |
| <input type="checkbox"/> MS Office / Windows | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Other computer software, specialized equipment, and/or business machines you have operated _____

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or most recent job.

Employer 1		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Supervisor's Name/Job Title: _____	
Address			_____	
Telephone			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Your Job Title: _____	
Your Salary \$ <u>Start</u> \$ <u>End</u>		Duties:		
Reason for Leaving: _____				

Employer 2		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Supervisor's Name/Job Title: _____	
Address			_____	
Telephone			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Your Job Title: _____	
Your Salary \$ <u>Start</u> \$ <u>End</u>		Duties:		
Reason for Leaving: _____				

Employer 3		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Supervisor's Name/Job Title: _____	
Address			_____	
Telephone			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Your Job Title: _____	
Your Salary \$ <u>Start</u> \$ <u>End</u>		Duties:		
Reason for Leaving: _____				

Employer 4		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Supervisor's Name/Job Title: _____
Address			_____
Telephone			May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Your Job Title: _____
Your Salary		Duties:	
Start \$ _____	End \$ _____		

Reason for Leaving: _____

If unemployed at any time, please describe reasons for unemployment. _____

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance? ☐ Yes ☐ No

If yes, please give details _____

Membership in Organization/Professional groups which, in your opinion, have a direct bearing on the position you are seeking. _____

Give any additional information which you feel may be helpful to us in considering your application. _____

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, in accordance with Florida Statute 443.131(3)(a)(2) if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination. _____ (initials).

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by Pinnacle Hospitality Systems with or without notice to me of such amendment, modification or deletion, that the policies and procedures are not intended to be a contract of employment nor do they give me any right of continued employment; and that my employment may be terminated at my option or at the option of Pinnacle Hospitality Systems with or without notice by either party. I also understand that there are no other arrangements, agreements, or understanding regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing. _____ (initials).

I certify that all information given on this employment application, any resume that I submit to Pinnacle Hospitality Systems, and any related employment papers and answers given during oral interviews are true and correct. I understand that Pinnacle Hospitality Systems may make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by Pinnacle Hospitality Systems during the course of such an investigation. I understand that if any information I have submitted is discovered to be false, I may be disqualified for employment and, if already employed, I may be subject to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation. _____ (initials).

I expressly authorize, without reservation, Pinnacle Hospitality Systems, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporation or organizations for furnishing such information about me _____ (initials).

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from Pinnacle Hospitality Systems and still wish to be considered for employment, it will be necessary to reapply and fill out a new application _____ (initials)..

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard _____ (initials)..

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing statement.

Date:_____ Signature: _____

For Administrative Use Only

Note: Interview Comments MUST be noted by the recruiter, interviewing supervisor and manager.

INTERVIEWER	COMMENTS AND EVALUATIONS / REASON FOR HIRE-NONHIRE
Name	
Date	
Name	
Date	

EMPLOYMENT OFFER			
Position		Grade	
O.T. Status		Monthly Salary	
Yearly		Hourly (Part-time Only)	
Start Date		District	
Region		Dept.	
Service		Division	
Program		Location	
Remarks			

RESPONSE TO OFFER		
<input type="checkbox"/> Accepted	Remarks	
<input type="checkbox"/> Rejected	Reason for decline	

PINNACLE HOSPITALITY SYSTEMS

CRIMINAL RECORD FORM

Please provide the following information to be used only in the event that an offer of employment is extended.

Social Security #: _____

Driver's License #: _____
(for selected positions)

Former Name(s) _____

Please list below the counties or cities and states in which you have lived during the past 5 years (information to be used only to determine in which areas to conduct the criminal history records check).

County	City	State	Zip	Date
--------	------	-------	-----	------

County	City	State	Zip	Date
--------	------	-------	-----	------

County	City	State	Zip	Date
--------	------	-------	-----	------