

APPLICATION FOR EMPLOYMENT

Please type directly into the PDF and click submit when complete.

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

JHM Hotels, Inc. and its subsidiaries (the "Company") is committed to a policy of Equal Employment Opportunity. The Company will not discriminate against an applicant or employee on the basis of race, color, religion, age, gender, national origin, protected disability, military status, or any other legally-recognized protected basis under federal, state or local laws, regulations or ordinances. Please note that no questions or response to the Company on this application form will be used or relied upon for the purpose of limiting or excluding any applicant from consideration for employment based on a prohibited basis.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done that will ensure an equal employment opportunity without imposing an undue hardship on the Company. Please inform the Company's Human Resources Department if you need assistance completing any forms or to otherwise participate in the application process.

GENERAL INFORMATION

*Full Name _____	Date _____
FIRST MIDDLE LAST	
*Address _____	_____
STREET CITY STATE ZIP CODE	
*Phone Number _____	*Date available to start _____
Alternate Phone Number _____	*Days available for work: <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S
*Have you previously worked for the Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when? _____	Which location? _____
Where? _____	
*Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(If hired, verification will be required consistent with federal law.)	
*Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If under the age 18, please state your age: _____	(The primary reason for this question is to address any child labor laws.)
How were you referred to the Company? _____	

POSITION INFORMATION

*Position applied for? _____	*Salary/Hourly range expected (required) _____
If you are applying for a position requiring driving, you may be required to provide your written consent to allow the Company to obtain your driving record from the appropriate state department of Motor Vehicles.	
*Applying for: <input type="checkbox"/> Full-time (30+ hours per week average) <input type="checkbox"/> Part-time (less than 30 hours per week average)	

EMPLOYMENT RECORD

List all employment experience for the past seven years, starting with the most recent or present employer. Using a separate section for each position, describe in detail all work experience, including periods of unemployment. **You may include as part of your employment history any verified work performed on a volunteer basis. Resumes may not be substituted in lieu of completing the following employment information.**

*Current Employer _____	*Phone _____
*City/State _____	*From _____ Month _____ Year
*Your Position _____	*To _____ Month _____ Year
*Supervisor's Name/Title _____	*May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> Later <input type="checkbox"/> No If not, why? _____
*Primary Responsibilities:	*Reason for Leaving:

*Required Fields

Previous Employer _____ City/State _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities:	Phone _____ From _____ Month _____ Year To _____ Month _____ Year Reason for Leaving:
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Previous Employer _____ City/State _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities:	Phone _____ From _____ Month _____ Year To _____ Month _____ Year Reason for Leaving:
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EDUCATION

Type of School	School Name and Location	Highest Grade Completed				Grade Point Average	Course of Study or Major
		9	10	11	12		
High School or G.E.D. equivalent							
College or University							
Graduate School							
Other (including military training)							

List any work-related certifications or licenses you currently possess. Please comment on how your prior education and experiences qualify you for the type of employment you are seeking. Detail any past responsibilities and achievements. Note any special coursework, honors, activities, special projects or any other data that will assist us in considering your application for employment.

PROFESSIONAL REFERENCES

List three professional references (other than those listed as current/former supervisor or a relative) whom we may contact:

*Name _____ Address _____ City _____	*Telephone No. _____ *Type of Acquaintance _____ State _____ Zip Code _____
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*Name _____ Address _____ City _____	*Telephone No. _____ *Type of Acquaintance _____ State _____ Zip Code _____
--	---

*Name _____ Address _____ City _____	*Telephone No. _____ *Type of Acquaintance _____ State _____ Zip Code _____
--	---

*Required Fields

BACKGROUND INFORMATION

*Have you ever been discharged, suspended or asked to resign from any position?

Yes No If "Yes," please explain. _____

*Have you ever been charged or convicted of a crime that has not been expunged, sealed, pardoned, annulled, statutorily eradicated or dismissed upon condition of probation? Yes No Record

Illinois Applicants: You are not required to disclose sealed or expunged records of conviction or arrest.

If you checked "Yes," please explain below. A criminal conviction will not necessarily prevent your employment. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation.

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

*I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

_____ Initials

*I understand, where permissible under applicable state and local law, I may be subject to a drug test after receiving a conditional offer of employment, and must receive a negative result before being permitted to commence work with the Company.

_____ Initials

*I hereby certify that the information given by me is true in all respects. I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

_____ Initials

*I understand employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ Initials

***I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the Company or me) without prior notice to the other, unless otherwise prohibited by law.**

_____ Initials

***I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Company President or his/her authorized representative.**

_____ Initials

*I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

*I understand an offer of employment is conditioned upon complying with all of the Company's requirements including, but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.

BY TYPING MY NAME BELOW I ACKNOWLEDGE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

*Applicant's signature _____

*Date _____

(Type Full Name Directly in PDF)