

# Hospitality Temps Corporation

APPLICATION DATE \_\_\_\_\_

NAME		
SOCIAL SECURITY NUMBER		
STREET ADDRESS		
CITY	STATE	ZIP
PHONE-HOME	PHONE-WORK	

POSITION DESIRED	
SALARY / WAGE DESIRED	DATE AVAILABLE FOR WORK
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> IF SO, SPECIFY PERIOD _____	
ARE YOU WILLING TO WORK OVERTIME AS REQUESTED? YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>	
AGE: ARE YOU AT LEAST 18 YRS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/> ARE YOU AT LEAST 21 YRS OLD? YES <input type="checkbox"/> NO <input type="checkbox"/>	
THE HOSPITALITY INDUSTRY REQUIRES DAY, EVENING, NIGHT AND WEEKEND WORK. PLEASE LIST ANY DAYS OF THE WEEK OR SHIFTS THAT YOU WILL NOT BE ABLE TO WORK. PLEASE LIST DAYS AND HOURS PREFERRED.	

## WORK EXPERIENCE

List your previous experience beginning with your most recent position. If additional space is needed, attach a supplemental sheet. Please circle the name of your current employer or supervisor if you do not want them contacted at this time.

EMPLOYER	
ADDRESS	PHONE
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	

EMPLOYER	
ADDRESS	PHONE
STARTING POSITION	STARTING SALARY
LAST POSITION	FINAL SALARY
DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
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DATES EMPLOYED FROM TO	IMMEDIATE SUPERVISOR
DUTIES	
REASON FOR LEAVING	

## EDUCATION AND TRAINING

SCHOOL	NAME, STREET, CITY, STATE AND ZIP CODE FOR EACH SCHOOL	NUMBER OF YEARS COMPLETED	GRADUATED	MAJOR
HIGH SCHOOL				
COLLEGE				
ADDITIONAL TRAINING				

WHICH LANGUAGES OTHER THAN ENGLISH DO YOU SPEAK FLUENTLY? \_\_\_\_\_

IF JOB RELATED, INDICATE THE KINDS OF WORK WHICH YOU HAVE DONE:  
 TYPING ( WPM)  WORD PROCESSING EQUIPMENT (TYPES) \_\_\_\_\_  
 SHORTHAND ( WPM)  COMPUTERS (TYPES) \_\_\_\_\_  OTHER \_\_\_\_\_

## ADDITIONAL EMPLOYMENT HISTORY INQUIRIES

IN ORDER TO PERMIT A CHECK OF YOUR WORK AND EDUCATION RECORDS, SHOULD WE BE MADE AWARE OF ANY CHANGE IN NAME THAT YOU PREVIOUSLY USED?

YES  NO  IF YES, IDENTIFY NAMES (S) AND RELEVANT DATES: \_\_\_\_\_

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM ANY EMPLOYMENT?

YES  NO  IF YES, PLEASE EXPLAIN: \_\_\_\_\_

EXCEPT FOR VACATION AND HOLIDAYS, HOW MANY DAYS WERE YOU ABSENT DURING THE PAST TWELVE MONTHS?

0-6DAYS       6-20DAYS       12-20 DAYS       21+DAYS

COMMENTS: \_\_\_\_\_

## FELONY CONVICTION RECORD

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?       YES       NO      IF YES, STATE DETAILS AND DATES:

\_\_\_\_\_

(A conviction will not necessarily disqualify you from employment)

## EMERGENCY NOTIFICATION

PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE & ZIP \_\_\_\_\_

## MILITARY SERVICE

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES?

YES     NO    WHICH BRANCH? \_\_\_\_\_

INDICATE ANY SPECIAL JOB RELATED TRAINING RECEIVED:

\_\_\_\_\_

## CAREER OBJECTIVES

## REFERRAL SOURCE, CHECK ONE

WALK IN APPLICANT            COMMUNITY ORGANIZATION     

EMPLOYMENT AGENCY            NAME \_\_\_\_\_

NAME \_\_\_\_\_      EMPLOYEE REFERRAL     

SCHOOL/COLLEGE            NAME \_\_\_\_\_

NAME \_\_\_\_\_      NEWSPAPER AD     

OTHER \_\_\_\_\_


## APPLICANT'S STATEMENT

I hereby affirm that the information provided in this application (and accompanying resume, if applicable) is true and complete to the best of my knowledge. I understand and agree that any falsified information or significant omissions may disqualify me from employment or cause an adverse action, including my dismissal, if discovered at a later date.

I authorize the investigation of all statements contained herein, including inquiries to references and former employers, and expressly authorize such references and former employers to provide and all information, personal or otherwise, they may have, and release such information to H.T.C., and release all such persons and H.T.C. from any and all liability that may arise from H.T.C.'s use of said information.

I understand that for certain job assignments, H.T.C. will seek a background investigative report to include inquiries as to my consumer credit, criminal and driving record histories, if any. I further understand that such reports cannot be obtained without my prior approval. I expressly authorize the obtaining of said report(s), and agree to execute such forms as necessary to authorize H.T.C. to obtain the same. I further understand, and expressly authorize, H.T.C. to share said information derived from any and all report(s) with its affiliate, Hotel & Restaurant Temps, Inc. (H.A.R.T.) and with hotels and other clients to which H.T.C. dispatches employees to enable said establishments to satisfy themselves as to my qualifications for employment under the standards established by each client.

I understand that H.T.C. is not an employment agency and that its employees are assigned to client companies to render temporary services, and are not assigned to become employees by the client. I acknowledge the considerable expense incurred by H.T.C. to maintain client lists and contacts for employment of its temporary staff. Therefore, I agree not to accept an offer of employment from a client company, or otherwise work for a client company in any capacity whatsoever, including, as an independent contractor, or through the services of another employment contractor for a period of 120 days and after completing an assignment with a client of H.T.C., unless I receive a written release from this provision from H.T.C. prior to accepting such employment offer. I further understand that if I do accept any such employment offer, I may be liable to pay such liquidated damages as may be assessed to the client company if it does not pay said damages.

I understand that if hired, I am an employee of H.T.C., and not the client company to which I may be assigned.

As a condition of employment, I understand that I am required to comply with H.T.C. Drug Free Workplace Policy. I hereby agree to submit to any lawful drug tests that may be required as a condition of employment, job assignment, or continued employment, I understand that refusal to submit to such testing, including search of my person or any locker or work area assigned to, may result in disciplinary action, including discharge. I expressly authorize such actions and waive all claims for damages on account thereof.

In consideration of my employment I agree to conform to the rules and regulations of H.T.C. I understand that I can leave the company with or without notice and with or without cause and H.T.C. reserves the same rights. I understand that no manager or any Company representative has the authority to enter into any agreement to the contrary.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# Hospitality Staffing USA

Washington DC – (202) 547-8440 Fax (202) 547-8311

Los Angeles, CA – (323) 460-5618 Fax (323) 460-5619

[www.HospitalityStaffingUSA](http://www.HospitalityStaffingUSA)

## Employee Reference Request

**Candidate complete top section only**

Firm \_\_\_\_\_ Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
FAX \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I have applied for employment with HOSPITALITY STAFFING and request your assistance in providing information to them about my previous employment with you.

You have my permission to provide the following information to Hospitality Staffing only. Further, I hereby release you from any and all claims arising from the disclosure of this information.

Thank you Signature \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

[For office use only]

### EMPLOYERS: Employment Reference Verification

Position Held \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
Employee Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Eligible for Re-Hire? Yes No If No, Why Not? \_\_\_\_\_

	Excellent '5'	Good '4'	Average '3'	Fair '2'	Poor '1'	Any work related injuries? Yes No
Overall Performance						If Yes, Explain: _____
Attendance						_____
Relationships With Others						_____
Attitude - Enthusiasm						_____
Personal Hygiene - Grooming						_____
Additional Remarks						_____

Name of Person \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Completing This Form \_\_\_\_\_

Employer: please FAX completed form to Hospitality Staffing

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Additional Remarks						_____

Name of Person \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Completing This Form \_\_\_\_\_

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**HOTEL AND RESTAURANTS TEMPS, INC.  
HOSPITALITY TEMPS CORPORATION, INC.**

**RELEASE AND AUTHORIZATION**

In connection with my application(s) for employment with **HOTEL AND RESTAURANT TEMPS** and/or **HOSPITALITY TEMPS**, hereafter "The Employer", I understand that a "Consumer Report" will be requested consisting of investigative background inquiries on my self which may include customer credit, criminal history, driving record, worker's compensation claims, education, business associations, prior employers and other reports such as needed to establish my qualification and eligibility for the position(s) I have applied for. These reports will include information as to my character, work habits, performance and experience, along with reasons for termination for past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, credit, civil and other experiences.

Employer will evaluate the information in said report(s) in making decision regarding my employment, promotion, assignments or retention. I understand that such reports cannot be produced for said employment purposes without my prior authorization. I understand that my refusal to authorize obtaining such report(s) could exclude me from consideration for employment. I understand that I will be notified, provided a copy of said report(s), and a statement of my rights under Federal law, before any adverse action is taken against me based in whole or part of information in said report(s). I authorize, without reservation/, any person or agency contacted by this employer to furnish the above information.

I further understand that employer dispatches its employees for temporary work assignments to various hotels and other establishments located in the greater Los Angeles and Washington DC area. Incident to such employer has contractual duties to share information it has obtain regarding the above subject information, including the information in such report(s) with this Co-employer establishment to allow them to satisfy them selves that I meet their standers for employment at their establishment. I understand each establishment defines their own criteria for employment and employer must respect said criteria in making temporary assignments. I understand information in such report(s) cannot be shared with such establishment, or between H.A.R.T. and Hospitality Temps, without my prior authorization. I understand my refusal to authorize such sharing could result in my application being denied/termination from employment, or could make me ineligible for assignments in those establishments, or ineligible for certain promotions of job assignments to those establishments. I expressly, without reservation, authorize employer to share information in said report(s) with its affiliates and other entities under common corporate control, and with such Co-employer establishments as require sharing of such information as a condition for assignments to their establishment.

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Social Security Number \_\_\_\_\_ D.O.B \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_