

Application For Employment



LTD Management Company
hotel development & management group

(PLEASE PRINT)

LTD Management is an Equal Opportunity Employer. No question on this application is asked for the purpose of limiting or excluding any applicant because of his/her race, color, religion, age, sex, national origin, disability, veteran status, citizenship, or any other protected status under federal, state or local law.

Date of Application _____

Position(s) applied for _____ Location _____

Referral Source: Advertisement (specify) _____
 Internet Site (specify) _____
 Other (specify) _____
 LTD Employee (specify) _____

Name _____
LAST FIRST M.I.

Address _____
NO. / STREET CITY STATE ZIP CODE

Home Telephone No. () _____ Alternate No. / Cellphone () _____

E-mail Address (optional) _____

Have you ever filed an application with LTD? Yes: _____ DATE _____ No

Have you ever been employed by LTD? Yes: _____ DATE to _____ DATE _____ No

Are you currently employed? Yes No
If yes, may we contact your employer? Yes No

Are you lawfully permitted to work in the United States? Yes No

NOTE: All new hires will be required to prove eligibility to work in the U.S. in accordance with federal law.

Are you available to work? Full Time Part Time Other: _____

Are you on lay-off and subject to recall? Yes No

Can you travel if a job required it? Yes No

Describe special skills and qualifications acquired from employment or other volunteer or charitable experience.

Are you able to perform all the tasks of the job applied for with or without reasonable accommodations?

Yes No

List professional, trade, business or civic activities and offices held, including U.S. Military service, which are relevant to your ability to perform the position for which you are applying. Omit any references to organizations or activities that would indicate race, religion, age, sex, national origin or ancestry, sexual orientation, disability or political persuasion.

Give name, address and phone number of three professional / work references not related to you.

- 1) _____

- 2) _____

- 3) _____

Have you ever been convicted of a felony? Yes No

(If yes, please explain.) _____

List any felony convictions related to the job for which you are applying. If applying for a position that requires driving, also list any convictions for driving under the influence or moving violations (*You need not answer "yes" or list any conviction that has been expunged, sealed, or statutorily eradicated. A conviction record will not necessarily bar an applicant from employment. Factors such as relation to the job, age and time of offense, seriousness and nature of violations, and efforts at rehabilitation will be taken into account.*)

Education

	High School				College / University				Other
School Name									
Years Completed (<i>Circle</i>):	9	10	11	12	1	2	3	4	
Diploma / Degree / Equivalent									
Describe Course of Study									
Describe Specialized Training, Apprenticeship, Skills & Extra-Curricular Activities									

Honors Received:

Employment Experience

List your last four employers. Start with your present or most recent job. Do not skip or omit jobs. Include service assignments and volunteer activities.

1) EMPLOYER		DATES		WORK PERFORMED (DESCRIBE)
		FROM	TO	
ADDRESS	PHONE #			
JOB TITLE		HOURLY / SALARY		
		STARTING	FINAL	
SUPERVISOR				
REASON FOR LEAVING				
2) EMPLOYER		DATES		WORK PERFORMED (DESCRIBE)
		FROM	TO	
ADDRESS	PHONE #			
JOB TITLE		HOURLY / SALARY		
		STARTING	FINAL	
SUPERVISOR				
REASON FOR LEAVING				
3) EMPLOYER		DATES		WORK PERFORMED (DESCRIBE)
		FROM	TO	
ADDRESS	PHONE #			
JOB TITLE		HOURLY / SALARY		
		STARTING	FINAL	
SUPERVISOR				
REASON FOR LEAVING				
4) EMPLOYER		DATES		WORK PERFORMED (DESCRIBE)
		FROM	TO	
ADDRESS	PHONE #			
JOB TITLE		HOURLY / SALARY		
		STARTING	FINAL	
SUPERVISOR				
REASON FOR LEAVING				

If you need additional space, please continue on a separate sheet of paper.

APPLICANT'S AUTHORIZATION - READ CAREFULLY BEFORE SIGNING

A physical examination may be required of all job applicants after a job offer is extended but prior to beginning work, which includes testing for drug and alcohol use, to verify fitness to work. The result of such examination will not be used to disqualify an applicant except to the extent that any disability discovered would, even with reasonable accommodation, preclude the safe and adequate performance of the job in question. However, applicants who test positive for illegal drugs or alcohol shall be disqualified from employment.

I hereby affirm that the information on this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I also agree that any misstatement, falsified information, or omission deemed significant by LTD Management may disqualify me from further consideration for employment and/or may be considered justification for discharge if discovered after an offer of employment has been extended to me.

I understand that if a job offer is extended, I may be required to successfully pass a background investigation as a condition of employment. I understand that I will be required to sign a consent form for this purpose, and in connection with this investigation, I authorize all persons, schools, companies, corporations and organizations named in this application (and accompanying documents, if any), law enforcement agencies, and credit bureaus to release any information concerning my background, and I hereby release them and LTD and its representatives from any and all claims of liability in law and in equity that may arise out of conducting an investigation with respect to the information contained in this application and/or my eligibility for employment, in making any requests relating to same, out of the release and attainment of information regarding same, and for relying on any information received.

I understand that nothing in this application or any other LTD document, or an acceptance of employment, creates or is an employment contract between LTD and me, and that should I be hired, my employment would be for no fixed duration, and may be terminated by me or LTD at any time with or without cause or notice. I understand that no oral or written statement to the contrary, unless contained in a document signed by a Managing Member, shall change this relationship, or should be relied upon by me.

_____ DATE

_____ APPLICANT'S SIGNATURE

THIS APPLICATION WILL BE CONSIDERED FOR 90 DAYS FROM THE DATE IT IS SUBMITTED SHOULD YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT DATE, YOU MUST SUBMIT A NEW APPLICATION.

FOR HIRING MANAGER USE ONLY			
Arrange Interview	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Remarks	_____ _____ _____		
Employed	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Date of Employment	_____		
Job Title	_____	Hourly Rate/Salary	_____ Department _____
By:	_____		_____
	NAME / TITLE		DATE