



Hilton Sandestin Beach

Golf Resort & Spa

APPLICATION FOR EMPLOYMENT

- | | | | | |
|--|---|---|---|----------------------------------|
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Sales/Catering | <input type="checkbox"/> Clerical/Acctg | <input type="checkbox"/> Seagars |
| <input type="checkbox"/> Front Desk/PBX | <input type="checkbox"/> Spa | <input type="checkbox"/> Reservations | <input type="checkbox"/> Maintenance | <input type="checkbox"/> IT |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Bellstand/Beach/Recreation | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Kitchen | |

Position Desired: _____ Full time Part time Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my driving record, my criminal record and my credit history. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Date Signature of Applicant

PERSONAL DATA

Name _____
(Print) Last First Middle

Present Address _____
Street and Number City State Zip

Telephone No. _____ Are you 18 years of age or older? Yes No

In case of emergency, notify _____ Telephone No. _____

Have you ever worked for this Company before? Yes No If Yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No If Yes, Name: _____ Relationship: _____

FOR JOBS REQUIRING DRIVING ONLY: Do you have a valid drivers license in this state? Yes No
If yes, drivers license #: _____

Can you, after employment, submit proof of U.S. Citizenship? Yes No
If not a U.S. Citizen, can you, after employment, submit verification of your legal right to work permanently in the US? Yes No

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No

If Yes, please give date and details of each. _____

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

EDUCATION

	Name and Address	How Many Years Attended	Graduated	Course Or Major
High School				
College				
Other skills, seminars or supplemental education				

Shifts Available for : (check appropriate shift column)

Monday _____ A.M. _____ P.M. Friday _____ A.M. _____ P.M.
 Tuesday _____ A.M. _____ P.M. Saturday _____ A.M. _____ P.M.
 Wednesday _____ A.M. _____ P.M. Sunday _____ A.M. _____ P.M.
 Thursday _____ A.M. _____ P.M.

PREVIOUS EMPLOYMENT

LAST OR PRESENT POSITION

Company _____ Street _____
 City _____ State _____ Zip _____
 From _____ to _____ Supervisor's Name and Position _____
 Tel. No. _____ Title or Position _____ Earnings _____
 Reasons for leaving _____

NEXT TO LAST POSITION

Company _____ Street _____
 City _____ State _____ Zip _____
 From _____ to _____ Supervisor's Name and Position _____
 Tel. No. _____ Title or Position _____ Earnings _____
 Reasons for leaving _____

Please explain fully any gaps in your employment history: _____

PERSONAL REFERENCES

GIVE NAME, ADDRESS, AND TELEPHONE NUMBER OF TWO PERSONS (not relatives or former employers) to whom we can refer:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

May we contact your current employer? Yes No If No, please explain: _____

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant