



## **APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

215 N Boylan Avenue  
Raleigh, NC 27603  
919-791-1801 (Phone)  
919-791-1879 (Fax)  
[www.alliancehospitality.com](http://www.alliancehospitality.com)

**PERSONAL INFORMATION**

*Incomplete information could disqualify you from further consideration.*

Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone # or Mobile Phone #: \_\_\_\_\_

Are you eligible to work in the U.S?                      Yes                      No

Are you at least 18 years or older?                      Yes                      No

Have you ever been terminated from employment or asked to resign by an employer?  
                                                                                 Yes                      No

**If yes**, please provide company names and details

\_\_\_\_\_  
\_\_\_\_\_

Can you work any shift?                      Yes                      No

Can you work overtime, including weekends?                      Yes                      No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?                      Yes                      No

**EMPLOYMENT DESIRED**

Date you can start \_\_\_\_\_

Hourly Rate/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_

Are you currently employed?                      Yes                      No

If so may we inquire of your present employer?                      Yes                      No

**REFERRAL SOURCE**

How did you hear about us?    Walk In                      Advertisement                      Referral                      Other

Have you ever worked for this company before?    Yes                      No

Do you know anyone who works for our company?    Yes                      No

If **yes**, who? \_\_\_\_\_

<b>EDUCATION</b>	<b>Name and location of school</b>	<b>No. of yrs. Attended</b>	<b>Degree Received</b>	<b>Subjects studied/Major</b>
High School				
College or University				
Trade, Business or Correspondence School				

**EMPLOYMENT HISTORY** Include your last five (5) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

From		To		
Job Title	Address	Employer	Telephone	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities		
Reason for leaving		Hourly Rate/Salary		
From		To		
Job Title	Address	Employer	Telephone	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities		

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Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
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From		To	
Job Title	Address	Employer	Telephone
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? Yes No

If **yes**, please provide details

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**REFERENCES** Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

**Please read carefully before signing.**

Alliance Hospitality Management is an equal opportunity employer. Alliance Hospitality Management does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Alliance Hospitality Management to hire me. If I am hired, I understand that either Alliance Hospitality Management or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Alliance Hospitality Management has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Alliance Hospitality Management true and complete information on this application. No requested information has been concealed. I authorize Alliance Hospitality Management to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS  
FROM THE DATE SIGNED/DATED ABOVE.**