

## **Application for Employment**

We are pleased that you are seeking employment with *insert* American Liberty Hospitality. Applicants for employment are considered without regard to race, color, religion, sex, age, sexual orientation or national origin, or any factors prohibited by local, state or federal law. We are proud to be an Equal Opportunity Employer.

Applicants with disabilities may be entitled to reasonable accommodation under the ADA and related state laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing an undue hardship on the company. Please contact Human Resources at 713-239-0725 if you need assistance completing any forms or to otherwise participate in the application process.

This employment application does not create a contract or offer of employment. If hired, employment with the company will be on an at-will basis and can be terminated at the will of either you or the company.

Please be advised, this application for employment is only good for <u>30 days</u> from the date received by the Company. Consideration for employment after 30 days requires submission of a new application.

## Applicant Name Phone Number Street Address City State Zip Code Email Address Cell Phone Number Please list all names you have used in the past: Have you ever been employed by our Company? Yes, dates of employment: No How did you hear about our company and/or this job opening? Have you ever applied for employment at our Company? Yes, dates applied: No Do you have any friends or relatives employed by this company? Yes No If yes, please provide their names and relationship to you:



## **Employment Desired**

Position applying for:				
Date Available:	_ Salary Desired: \$ _		per	
Are you interested in Temporary Full-	Гіте П Part-Time			
What days and hours are you available to work? _				
Are you available to work: On weekends?	s 🗌 No	Overtime? [	☐ Yes ☐ No	
<b>Experience</b> List all present and past employment starting with Attach separate sheet if necessary. You must com				
Employer Name	Phone Number	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Type of Business	Your Supervisor	Your Supervisor's Name		
Street Address	City	State	Zip Code	
Dates of Employment:	<del>-</del> 0	-		
Current Employer?	ontact this employer t	for a reference	?	
Your position and duties				
Your reason for leaving				
Employer #2				
Employer Name	Phone Number			
Type of Business	Your Supervisor	Your Supervisor's Name		
Street Address	City	State	Zip Code	
Dates of Employment:	0			
May we contact this employer for a reference? $\ \square$	Yes  □No			
Your position and duties				



Your reason for leaving			
Employer #3			
Employer Name	Phone Number	er	
Type of Business	Your Supervis	sor's Name	
Street Address	City	State	Zip Code
Dates of Employment:	 		
May we contact this employer for a	reference?  Yes 1	No	
Your position and duties			
Your reason for leaving			
References Please list three (3) individuals who and work experience, preferably for Reference #1 Reference Name		o have knowledge of y	our work performan
Company		Position	
Company Reference #2		Position	
Reference Name		Phone Number	
Company		Position	
Reference #3			
Reference Name		Phone Number	
Company		Position	



## **Skills and Qualifications:**

Do you have any licenses, skills, training, awards that are relevant to the job for which you are applying?				
	k, write or understand any foreign languages?   Yes  No			
If yes, descril	be which languages(s) and how fluent of a speaker you consider yourself to be.			
	orm the essential functions of the job for which you are applying, either with or without ccommodation?   Yes  No			
If no, please	describe the functions that cannot be performed			
eligible applica	nply with the ADA and consider reasonable accommodation measures that may be necessary for ants/employees to perform essential functions. Hire may be subject to passing a medical and to skill and agility tests.)			
Can you mee	et the attendance requirements of this job?			
	APPLICANT'S CERTIFICATION AND SIGNATURE			
Please read	carefully, initial each paragraph and sign at the bottom of the page.			
	I understand that, if hired, I will be required to provide legal authorization to work in the United States.			
	I certify that I have not knowingly withheld any information adversely that might adversely affect my chances for employment and that the information provided by me on this application are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.			
	I authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. I further authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release the Company, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.			



Print Name		_
Applicant Sig	nature	Date
This applicati	ion, when completed and signed, becomes the property of the Company.	
	I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND TEFFECT UPON MY EMPLOYMENT, AND ACCEPT SAME AS EMPLOYMENTY WITH COMPANY.	
	I understand that in connection with my application for employment position for which I have applied, any offer of employment is corpassing a post-offer/pre-employment drug test, and if necessary have applied, a post-offer/pre-employment medical examination refuse to take any required pre-employment drug test and/or medo, any offer of employment will be immediately withdrawn.	nditioned upon my taking and of for the position for which I . I understand that I may
	I understand that, in connection with my application for employn obtain a consumer report and/or investigate consumer reports a information as to my character, general reputation, personal chaliving. Such reports may include or consist of my driving history of Motor Vehicles. I further understand that any job offer extendicontingent upon receipt of a favorable consumer or investigative	bout me that may contain aracteristics, and mode of obtained from the Department ed by the Company is
	I understand that nothing contained in this application, or conversable which may be granted, or during my employment, if hired, is into employment contract between the Company and me. In addition if I am employed, my employment is at will and is for no definite may be terminated at any time, with or without prior notice, or w option of either myself or the Company, and that no promises or the foregoing are binding on the Company unless made in writin Company's designed representative.	ended to create an  n, I understand and agree that or determinable period and ith or without cause, at the representations contrary to