



epoch hospitality group

APPLICATION FOR EMPLOYMENT

46350 Grand River Ave., Ste A, Novi, MI 48374; Fax: 248-735-6016
Return to: HR@epochhospitality.com, or mail or fax to Corporate office

The Applicant: We appreciate your interest in our Company and assure you that we are interested in knowing of your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position, which in our judgment, best meets your qualifications. Please note that this application will only remain active for 3 months, after which you would need to reapply.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight, sexual preference or any other protected status.

PERSONAL

Name _____ Date of Application _____
(Last) (First) (Middle)

Address _____ Telephone # (_____) _____
(Number) (Street) (Apt. #) (Area Code)

(City) (State) Zip Code Alternate Tel # (_____) _____
(Area Code)

Email Address _____

Are you a U.S. citizen? Yes ___ No ___ If not, do you have the legal right to remain permanently in the United States? Yes ___ No ___

Are you authorized to work in the United States? Yes ___ No ___ Are you 18 years or older? Yes ___ No ___

Have you previously been employed by this company? Yes ___ No ___ If yes, date(s) _____
Supervisor Name(s) _____

Have you filed an application before? Yes ___ No ___ If yes, date(s) _____

Referral Source: Advertisement ___ Employee ___ Friend/Relative ___ Employment Agency ___ Unsolicited ___ Other ___
Name of Source (if applicable) _____

List any friends or relatives working for this company _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Property/Location _____

Kind of work sought Full-time ___ Part-time ___ Other _____

If part-time, please specify hours and days desired _____

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? _____

Are there any reasons you would have difficulty performing any of the major duties of the job for which you applied? Yes ___ No ___

If yes, please explain _____

Wage Requirements _____ Date available for work _____

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law, disabled employees and applicants may request an accommodation of their disability by notifying the company in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. Failure to properly notify the company may preclude any claim that the employer failed to accommodate the disabled individual.

EMPLOYMENT EXPERIENCE *(List current or most recent job first)*

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes ___ No ___

Employer	Telephone w/ Area Code
Address	Dates From: To: Employed:
City, State, Zip	Wage / Starting: Ending: Salary:
Position You Held	Work Performed:
Your Supervisor's Name	
Reason for Leaving	
Employer	Telephone w/ Area Code
Address	Dates From: To: Employed:
City, State, Zip	Wage / Starting: Ending: Salary:
Position You Held	Work Performed:
Your Supervisor's Name	
Reason for Leaving	
Employer	Telephone w/ Area Code
Address	Dates From: To: Employed:
City, State, Zip	Wage / Starting: Ending: Salary:
Position You Held	Work Performed:
Your Supervisor's Name	
Reason for Leaving	

EDUCATION

	Name / Location	Years Completed	Diploma or Degree	Courses of Study
High School				
College				
Graduate				
Vocational / Other Training				

PERSONAL REFERENCES *(Do not include relatives or former employers)*

Name	Street Address City, State, Zip	Area Code / Telephone Number	Years Acquainted

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes ___ No ___

If Yes, what branch? _____ Rank at Discharge _____

Are you in the reserves? Yes ___ No ___ If Yes, date obligation ends _____

Special / Technical Training _____

ADDITIONAL INFORMATION

Have you been convicted of a felony within the last 10 years? Yes ___ No ___

If so, where, when and nature of offenses. _____

Have you ever been bonded? Yes ___ No ___ Have you ever been denied bond? Yes ___ No ___

Do you have a valid driver's license? Yes ___ No ___ License Number _____

Do you have a chauffeur's license? Yes ___ No ___ Expiration Date of Driver's License _____

List professional, trade, business or civic activities and offices held excluding groups the name or character of which indicates race, color, religion, sex, national origin, handicap, marital or veteran status _____

State any additional information that you feel may be helpful to us in considering your application _____

In case of Emergency, Contact: Name: _____

Address: _____

Telephone w/ Area Code: (____) _____ Relation to You: _____

AUTHORIZATION AND UNDERSTANDING (Please Read Carefully)

I understand that this application is not an offer for a contract of employment, nor does it guarantee either an interview or hire. Upon signing of this application, I represent that all of the information now, or hereafter given by me in support of my application for employment, is true and complete to the best of my knowledge. I authorize the Company to investigate and verify any information concerning my employment (including my prior disciplinary employment record), education, driver or motor vehicle record, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information without them giving me any written notice of such disclosure. I understand that my employment arising out of this application is contingent upon the result of the Company's investigation. I hereby release the Company and individuals, companies, institutions or agencies who release information from any liability whatsoever as a result of such inquiries and disclosures. I understand that any false information in support of my application may result in a refusal to hire or subject me to dismissal at any time once the facts become known during my period of employment. I understand the Company may require a physical examination and/or drug test by a physician or facility designated by the Company after I receive an offer of employment, and the job offer and/or my employment may be conditioned upon passing that examination or drug test. I understand and agree that if hired, my employment does not establish an expressed or implied contract for employment, and that the Company may terminate my services at any time for any reason or for no reason at all. I further understand and agree that if hired, I will receive compensation and benefits, and will be bound by the Company's policies, rules, and regulations. I further understand and agree that the Company may change such compensation, benefits, policies, rules and regulations with or without notice to me, and I shall be bound by such changes. I acknowledge that the Company may modify my assigned work hours and place of work, and that the Company may require me to work overtime as needed. I authorize the Company to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me, or the value of the property or money entrusted to me, or owed by me, to the firm during the course of my employment.

I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY, OTHER THAN ITS OWNER(S) OR PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THESE PROVISIONS. ANY AGREEMENT ALTERING THE TERMINABLE AT WILL NATURE OF THE EMPLOYMENT RELATIONSHIP MUST BE IN WRITING AND SIGNED BY MYSELF AND THE OWNER(S) OR PRESIDENT OF THE COMPANY.

0115 Applicant's Signature: _____ Date: _____