

Application for Employment



Frederica Hospitality Group, LLC is a very exclusive private facility dedicated to provide the very best in service as it relates to all aspects of Club operations.

Human Resources

APPLICATION INSTRUCTIONS

Frederica Hospitality Group, LLC has created a very thorough application for all future personnel to complete. Our intent is not to be intrusive or inconsiderate; but, rather make a strong attempt to find the very best employees. Hopefully, this will result in a workplace that all employees can be proud of and enjoy for many years to come.

Thank you for your interest in offering us your skills and talents. In order for your application to be fully considered and processed in a timely manner, it is important that you carefully follow all instructions. Please pay particular attention to the following areas:

- ❖ Answer all questions completely, giving explanations where needed.
- ❖ Furnish a previous address if you have not resided at your present address for ten years or more.
- ❖ If you do not have a work or home phone number, provide a phone number where you can be contacted.
- ❖ List only the specific position for which you are applying. Each position requires a separate application.
- ❖ Be sure to sign and date your application.
- ❖ Be sure you have answered all questions thoroughly as incomplete applications may not be processed.
- ❖ All information in this application must be filled out by the individual applying for employment.
- ❖ Print all information as illegible applications will be discarded.
- ❖ Be sure that all information provided in the application (and your resume if included) is true and correct as falsification of any information will be cause for rejection or immediate discharge upon discovery.
- ❖ Additional information such as a Resume is appreciated; however, the Application must be completed in its entirety.

PERSONAL INFORMATION

 Last Name First Middle

Position Applying For: _____ Date Available: _____

Phone: Home _____ Cell _____ Work _____

CURRENT AND FORMER ADDRESSES: PLEASE STATE FOR PAST 7 YEARS

Street Address	City	State	Zip Code	Years	County

Note: If you receive mail at a PO Box please include both a street address and PO Box.

Department: _____ Minimum Salary Requirement: _____

Do you have any relatives currently working at Frederica Hospitality Group, LLC? _____

If yes, what is his/her name and relationship to you? _____

Are you eligible to work in the United States? _____

Are you 18 years of age or over? _____

Are you willing to work overtime? _____

Do you have a valid driver's license? Yes No

Do you have a car or other reliable transportation available for work? Yes No

If you answer yes to any of the following, please provide an explanation. Attach additional pages if necessary.

(1) Do you in any degree use illegal drugs? _____

(2) Have you ever been convicted of a crime? _____

(3) Have you ever had your license suspended or revoked? _____

(4) Have you have ever been discharged or requested to resign from any position? _____

Please note that all factors will be considered and past mistakes will not automatically exclude you from consideration

EDUCATION

	School Name and State	Number of Years	Degree Earned
High School			
College			
Graduate School			
Other			

MILITARY

Have you ever served in the military? Yes No Branch: _____

Dates of Service: _____ Type of Discharge: _____

SKILLS, LICENSES, CERTIFICATIONS List things such as CPA, Office Skills, Computer Programs, Language Skills, Equipment Operated

EMPLOYMENT HISTORY

Please list all former employment in chronological order starting with the most recent position.

MOST RECENT/CURRENT POSITION

Company Name: _____	Type of Business: _____
Address: _____	Telephone Number: _____
Position Title: _____	Date Started: _____
Last Supervisor: _____	Date Left: _____
Reason for Leaving: _____	Salary: _____
May we contact? <i>(If no, please explain)</i> _____	
Duties/Responsibilities: _____	

FORMER POSITION I

Company Name: _____	Type of Business: _____
Address: _____	Telephone Number: _____
Position Title: _____	Date Started: _____
Last Supervisor: _____	Date Left: _____
Reason for Leaving: _____	Salary: _____
May we contact? <i>(If no, please explain)</i> _____	
Duties/Responsibilities: _____	

FORMER POSITION II

Company Name: _____	Type of Business: _____
Address: _____	Telephone Number: _____
Position Title: _____	Date Started: _____
Last Supervisor: _____	Date Left: _____
Reason for Leaving: _____	Salary: _____
May we contact? <i>(If no, please explain)</i> _____	
Duties/Responsibilities: _____	

FORMER POSITION III

Company Name: _____	Type of Business: _____
Address: _____	Telephone Number: _____
Position Title: _____	Date Started: _____
Last Supervisor: _____	Date Left: _____
Reason for Leaving: _____	Salary: _____
May we contact? <i>(If no, please explain)</i> _____	
Duties/Responsibilities: _____	

FORMER POSITION IV

Company Name: _____	Type of Business: _____
Address: _____	Telephone Number: _____
Position Title: _____	Date Started: _____
Last Supervisor: _____	Date Left: _____
Reason for Leaving: _____	Salary: _____
May we contact? <i>(If no, please explain)</i> _____	
Duties/Responsibilities: _____	

PERSONAL MISSION STATEMENT *Incorporate how you can contribute to Frederica*

REFERENCES

Please list the name, address and telephone number of at least three (3) individuals who are not related to you, who have known you for at least three (3) years, who can confirm some or all of the information contained in this application and who are familiar with your reputation.

Name	Address	Phone Number
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Name	Address	Phone Number
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Name	Address	Phone Number
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FOR OFFICE USE ONLY

Date Application Submitted	Date Application Returned
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Approved for Employment

Not-Approved for Employment

Comments: _____

STATEMENT OF APPLICANT

I certify that the information given in this employment application is true and correct. I understand that employment, if offered, is based on information contained in this application (and any resume) and that any false statements are grounds for disqualification for employment and/or termination. I understand that in the event I am employed by Frederica Hospitality Group, LLC, it is not pursuant to any written or oral contract for a specific period of time and that I am free to terminate employment at any time, for any reason and that throughout my employment, Frederica Hospitality Group, LLC is free to do likewise. Further, I understand that Frederica Hospitality Group, LLC may issue various rules, policies and procedures from time to time which it is free to alter, amend or modify without advance notice or consent from me. Specifically, I understand that these policies do not constitute a contract of employment between Frederica Hospitality Group, LLC and me, or a guarantee of benefits.

Signature

Date

Frederica Hospitality Group, LLC does not discriminate against any employee or applicant in regard to age, race, color, national origin, religion, gender, disability or veteran status.

AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application and subsequent employment by Frederica Hospitality Group, LLC, I hereby give permission to all present or former employers, schools, individuals, military organizations, law enforcement agencies, or any other person or entity to release to Diamond Creek or any Consumer Reporting Agency utilized by Frederica Hospitality Group, LLC, all information pertaining to me including information regarding my employment information including salary as well as work performance, attendance, personal background, disciplinary record, criminal record, motor vehicle record, academic record, school transcript, etcetera. I hereby release and hold harmless any entity or individual from liability for damages of any kind which may result from written or verbal statements, made in response to a signed copy of this Authorization for Release of Information, except that I do not release anyone who gives information that is known by such person, entity or organization to be false, deliberately intending to harm me or any of my family, heirs or associates. I release and hold harmless Frederica Hospitality Group, LLC and its related entities from any and all liability for employment actions or decisions made in reliance upon any response to information received pursuant to this release.

I voluntarily agree to submit to a blood and/or urine analysis by a doctor, medical facility, hospital, laboratory, provider of clinical laboratory services, or medical personnel, prior to employment, upon request, for detection of the presence of drugs in my system. Furthermore, I authorize the release of the results of such tests and examinations to Frederica Hospitality Group, LLC, or any of its representatives. I do hereby release any doctor, medical facility, hospital, laboratory, provider of laboratory services, medical personnel and Frederica Hospitality Group, LLC, or any of their representatives, from any and all liability arising from the test itself or the release or use of the information derived from or contained in any examination and test results. This consent will remain in effect for 2 weeks following completion.

Print Name

Signature

Witness Name

Signature

Date

CONSUMER REPORT DISCLOSURE AND AUTHORIZATION

I understand that in connection with my application and subsequent employment with Frederica Hospitality Group, LLC, it may utilize a Consumer Report Agency (“CRA”) for purposes of receiving a consumer report. If utilized, such CRA could be asked to provide information to Frederica Hospitality Group, LLC which might bear upon my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for purposes of assessing my eligibility for employment purposes. It is also possible that Frederica Hospitality Group, LLC will obtain an investigative consumer report wherein the CRA or other source would seek information from personal interviews with my neighbors, friends, associates, or acquaintances.

I authorize that an assessment contemplated in the paragraph above be performed, and release from any and all liability any individual or entity involved in compiling such information, and also release from any and all liability any individual or entity involved in supplying information of the type contemplated in the paragraph above. I further release Frederica Hospitality Group, LLC and any of its representatives from any and all liability arising from the matters addressed herein, or related to its reliance upon the information derived by any entity and relied upon by Frederica Hospitality Group, LLC.

If an investigative consumer report is requested by Frederica Hospitality Group, LLC, I understand that it will notify me of its request not later than three (3) days after making its first request.

I understand that if Frederica Hospitality Group, LLC decides not to employ me on the basis of information contemplated herein, it shall provide a copy of the report relied upon to me as well as a summary of my rights pursuant to the Fair Credit Reporting Act. This consent will remain in effect for 2 weeks following completion.

_____ Driver’s License Number/State of Issue	_____ Date
_____ Date of Birth	_____ Social Security Number
_____ Print Name	_____ Signature
_____ Witness Name	_____ Signature

Frederica Hospitality Group, LLC does not discriminate against any employee or applicant in regard to age, race, color, national origin, religion, gender, disability or veteran status.