



Excel Hotel Group and affiliated companies
 10174 Old Grove Road Suite 200, San Diego, CA 92131
 Tel 858-621-4908 Fax 858-621-4914

APPLICATION FOR EMPLOYMENT

THE FOLLOWING MUST BE FILLED OUT COMPLETELY FOR YOUR APPLICATION TO BE CONSIDERED. (Please Print).

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the organization.

BACKGROUND CHECKS

Excel Hotel Group is concerned about violence in the workplace, falsified employment applications, and employee theft. We will conduct a background check on all candidates considered for employment. Excel Hotel Group is committed to maintaining a DRUG-FREE workplace.

PERSONAL DATA

Name (Last) _____ (First) _____ (Middle) _____ Have you ever used another name: yes no If yes, please list _____

Present Address _____ City _____ State _____ Zip Code _____

Mailing Address (If different) _____ City _____ State _____ Zip Code _____

Best Contact Phone # _____ Alternate Phone # _____ Email address _____

IF HIRED, CAN YOU PRESENT PROOF YOU HAVE THE RIGHT TO WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER APPLIED TO OR WORKED FOR EXCEL HOTEL GROUP BEFORE? YES NO
 If yes, when and at what location? _____

DO YOU HAVE ANY RELATIVES WORKING FOR EXCEL HOTEL GROUP? YES NO
 If yes, indicate name(s) and relationship(s). _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES NO

IF NO, CAN YOU SUBMIT A VALID WORK PERMIT IF HIRED? YES NO

IF APPLYING FOR A POSITION WHERE YOU WILL SERVE ALCOHOL, ARE YOU OVER THE AGE OF 21? YES NO

EMPLOYMENT INTERESTS

Position(s) applied for or type of work desired:

1. _____ 3. _____

2. _____ 4. _____

ARE YOU APPLYING FOR?

REGULAR FULL-TIME WORK REGULAR PART-TIME WORK
 DAYS NIGHTS

DATE AVAILABLE TO START WORK: _____

HOW WERE YOU REFERRED TO THIS COMPANY? SCHOOL AGENCY AD EMPLOYEE WALK-IN OTHER

NAME OF AGENCY / NEWSPAPER / WEBSITE, ETC. _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

EMPLOYMENT HISTORY

Please list below all present and past employment for the last five (5) years, starting with your most recent employer. **You must complete this section even if attaching a resume.** Note: Attach additional page(s) if necessary. Please explain any gaps of employment by attaching a separate sheet.

Are you currently employed? Yes No If yes, may we make inquiries with your current employer? Yes No

Employer: _____ Job Title: _____ _____ Address: _____ Telephone #: _____ Immediate Supervisor and Title: _____ Reason for Leaving: _____ _____ Job Duties: _____ Dates Employed: From _____ To _____
Employer: _____ Job Title: _____ _____ Address: _____ Telephone #: _____ Immediate Supervisor and Title: _____ Reason for Leaving: _____ _____ Job Duties: _____ Dates Employed: From _____ To _____
Employer: _____ Job Title: _____ _____ Address: _____ Telephone #: _____ Immediate Supervisor and Title: _____ Reason for Leaving: _____ _____ Job Duties: _____ Dates Employed: From _____ To _____

EDUCATION / TRAINING / EXPERIENCE

NAME OF SCHOOL	CITY, STATE	NO. OF YEARS COMPLETED	DIPLOMA OR DEGREE	DID YOU GRADUATE?
High School				
College / University				
Vocational / Business				

Some of our clients/customers may not speak English. Do you speak, write or understand any foreign language? Yes No

If yes, which language(s) _____

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work at our Company?

Yes No

If yes, please explain: _____

Have you ever directly supervised staff? If so, please describe: _____

Please list any computer programs with which you are familiar: _____

PLEASE NOTE: SOME POSITIONS MAY REQUIRE SKILLS TESTING

List below three (3) persons not related to you who have knowledge of your work performance within the last five years.

NAME	RELATIONSHIP / TITLE	PHONE NUMBER	YEARS KNOWN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please Note: We comply with the Americans with Disabilities Act (ADA) and provide reasonable accommodation measures that may be necessary for eligible applicants/associates to perform the essential functions of the job. Employment may be subject to passing a medical examination and/or skills and agility tests.

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

If no, please describe the essential job function that cannot be performed or the reasonable accommodation you may require: _____

NOTICE: Thank you for your interest in Excel Hotel Group's employment opportunities and for completing this application form. If there is a current opening for the position(s) you are seeking and the information in your application suggests that you meet the minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If there is no opening for the position(s) you are seeking, your application will be kept active for six months.

AUTHORIZATION
PLEASE READ THE FOLLOWING CAREFULLY,
INITIAL EACH PARAGRAPH, THEN SIGN BELOW

_____ *I hereby authorize Excel Hotel Group, the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.*

_____ *I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.*

_____ *I understand that nothing contained in the application, or conveyed during any interview which may be granted during my employment, if hired, is intended to create an employment contract between me and the Company. I understand that if employed and in consideration of my employment, I agree to conform to the rules and regulations of the Company. I also understand that every aspect of my employment with the Company shall be on an at-will basis, meaning that I or the Company may terminate my employment at any time, for any reason, with or without cause. I further understand that the Company expressly reserved its inherent authority to manage and control the business enterprise and to exercise its sole discretion to determine all issues pertaining to my employment, including all matters pertaining to promotion, job assignment, the size of the workforce, demotion, transfer and discipline. I agree that this constitutes an integrated agreement with respect to the at-will nature of my employment relationship with the Company, that it is final and fully binding, and that there are no written, or collateral agreements regarding the issue. I further understand and agree that no one other than the President/CEO and Vice-President/COO of the Company may modify or change the at-will nature of my employment relationship. Any such modifications must be in writing and signed by the President/CEO and Vice-President/COO to be in effect.*

_____ *I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.*

_____ *I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization. Failure to submit such proof will result in immediate termination of employment.*

_____ *I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.*

Date: _____ Signature: _____

Print Name: _____

If this application was not completed by you, please proceed with the following:

_____ have completed this application on behalf of _____

("applicant"). In addition, I translated the entire contents of this application to the applicant.

Date: _____ Signature: _____