



## APPLICATION FOR EMPLOYMENT

*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 accommodation to the application and/or interview process should notify a representative of the organization.*

POSITION(S) APPLYING FOR: \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SOCIAL SEC. # \_\_\_\_\_

TELEPHONE NUMBER(S) HOME: ( ) \_\_\_\_\_ MOBILE: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TYPE OF EMPLOYMENT DESIRED:

\_\_\_ FULL-TIME \_\_\_ PART-TIME \_\_\_ FLEXIBLE \_\_\_ DAYS \_\_\_ EVENINGS \_\_\_ OVERNIGHT \_\_\_

(Mainsail Suites Hotel operates 365 days/year, 24 hours/day, including Holidays and weekends)

Do you have any objection to working overtime if necessary? \_\_\_ YES \_\_\_ NO

Can you travel if required by a certain position? \_\_\_ YES \_\_\_ NO

Have you ever been previously employed by our company? \_\_\_ YES \_\_\_ NO

Can you submit proof of legal employment authorization and identity? \_\_\_ YES \_\_\_ NO

If you are under 18, can you furnish a work permit if required? \_\_\_ YES \_\_\_ NO

Have you ever been convicted or pleaded no contest to ANY criminal offense, entered a pre-trial intervention program, a related program, been placed on probation or fined regardless of adjudication, been convicted or pleaded no contest to any criminal offense? \_\_\_ YES \_\_\_ NO

If yes, please explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation (a conviction does not automatically bar employment): \_\_\_\_\_

Driver's License Number and State of Issue (if applicable) \_\_\_\_\_

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NAME: \_\_\_\_\_ SOCIAL SEC. # \_\_\_\_\_

The following information is needed to complete verification procedures. Please read this form carefully, taking extra care to make your entries very clear and easy to read. Please make sure that you **DO NOT** use any abbreviations for previous employers or schools.

Have you ever been convicted or pleaded no contest to ANY criminal offense, entered a pre-trial intervention program, a related program, been placed on probation or fined regardless of adjudication, been convicted or pleaded no contest to any criminal offense? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, PLEASE COMPLETE INFORMATION AT THE BOTTOM OF PAGE 1.

**\*Please Note\***

**Incomplete applications (missing information) will NOT be considered.**  
(See resume is not acceptable)

## WORK HISTORY

(Please list your work experience for the **past ten years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary**)

COMPANY:	ADDRESS:
CITY: STATE:	SUPERVISOR:
YOUR POSITION:	TELEPHONE # ( )
DATES OF EMPLOYMENT: FROM (MO/YR) TO	
SALARY: _____ PER _____ REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER NOW? YES ____ NO ____ IF NO, WHEN?	

COMPANY:	ADDRESS:
CITY: STATE:	SUPERVISOR:
YOUR POSITION:	TELEPHONE # ( )
DATES OF EMPLOYMENT: FROM (MO/YR) TO	
SALARY: _____ PER _____ REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER NOW? YES ____ NO ____ IF NO, WHEN?	

COMPANY:	ADDRESS:
CITY: STATE:	SUPERVISOR:
YOUR POSITION:	TELEPHONE # ( )
DATES OF EMPLOYMENT: FROM (MO/YR) TO	
SALARY: _____ PER _____ REASON FOR LEAVING:	
MAY WE CONTACT THIS EMPLOYER NOW? YES ____ NO ____ IF NO, WHEN?	

## LIST HIGHEST LEVEL OF EDUCATIONAL DEGREE, DIPLOMA, OR GED RECEIVED:

SCHOOL NAME	CITY/STATE	DIPLOMA/DEGREE RECEIVED

DID YOU WORK FOR ANY EMPLOYERS OR ATTEND ANY SCHOOLS UNDER A DIFFERENT NAME?

\_\_\_\_ YES \_\_\_\_ NO

IF YES, WHICH EMPLOYER(S) OR SCHOOL(S)? \_\_\_\_\_

UNDER WHAT NAME? \_\_\_\_\_

The information on this application is true and accurate to the best of my knowledge:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date:

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**AGREEMENT/Pre-Employment agreement**

I hereby authorize 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.

If I am employed, I acknowledge that there is no specified length of employment, and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable state or federal laws.

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 person's 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 within three days of being hired. Failure to submit such proof within the required time shall result in the immediate termination of employment.

I agree to submit to a drug screen as part of my application for employment. I understand that either refusal to submit to the drug screen, or failure to qualify according to the minimum standards established by Mainsail Suites Hotel & Conference Center for this screen, may disqualify me from further consideration for employment. I will be tested for drugs from one or all of the following categories: amphetamines, cannabinoids, cocaine, phencyclidine, methaqualone, opiates, barbiturates, benzodiazepines, methadone, propoxyphene, and alcohol.

I further understand that upon commencement of employment with Mainsail Suites Hotel & Conference Center may again be required to submit to drug screening per company policy. I understand that refusal to take a requested drug screen or failure to meet the minimum standards set for the screen, may result in immediate suspension or discharge.

*\* If I am injured in the course and scope of my employment and test positive; I forfeit my eligibility for medical and indemnity benefits under the Workers Compensation Act upon exhaustion of the remedies provided in Florida Statute 440.102(5).*

Any candidate with positive test results will be denied employment. The company will not discriminate against candidates for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol that which prevents employees from properly performing their jobs that Mainsail Suites Hotel & Conference Center will not tolerate. All results from drug screening will be kept confidential.

I have read in full and understand the above statements and conditions of employment as specified by company policy, and furthermore seek employment under these conditions.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## Medical Express Corporation Authorization and Release

Medical Express Corporation is acting as a clearinghouse for background information as described in the following Authorization and Release.

I hereby authorize without condition, except as provided for under the provisions of the Fair Credit Reporting Act (FCRA) any vendor or agency contacted by Medical Express to provide personal and private information pertaining to my driving record which may contain records concerning accidents, traffic violations and certain criminal offenses.

I further authorize Medical Express to access consumer reports which may contain public and private information from county and state criminal repositories, educational institutions, federal, state and county institutions, credit bureaus and former employers. I understand this report may contain information pertaining to my character, education, work history, credit history, accidents, workers' compensation claims, conduct, work experience and terminations.

I understand that I have the right to make a written request to Medical Express for additional information concerning any report obtained on my behalf. I understand that I am within that right to dispute the accuracy of any information contained in said record either by mail or in person at the address of Medical Express Corporation, 4237 Salisbury Road, Suite 304, Jacksonville, Florida 32216.

I hereby authorize the below named company in conjunction with Medical Express Corporation to conduct this investigation as set forth in the above.

Mainsail Suites Hotel & Conference Center

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Maiden Name if Applicable

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
How Long?

(If less than 7 yrs. at current address, MUST continue below)

\_\_\_\_\_  
Prior Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
How Long?

(If less than 7 yrs. combined with previous address, MUST continue below)

\_\_\_\_\_  
Prior Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
How Long?

(Please make sure history includes last 7 years combined. Attach additional sheet if necessary)

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
State

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

\_\_\_\_\_  
Date

