



**epoch  
hospitality  
group**

# APPLICATION FOR EMPLOYMENT

46700 Grand River Ave., Novi, MI 48374; Fax: 248-735-6010

**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)  
 \_\_\_\_\_ Alternate Tel # (\_\_\_\_) \_\_\_\_\_  
(City) (State) Zip Code (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 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 PRESIDENT OF THE COMPANY.

1216 Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_