

THE
HENRY CLAY
INN®

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number & Street City State Zip

How long at above address _____ Social Security No. _____ - _____ - _____

Telephone (_____) _____

If under 18, please list age _____

Days/Hours available to work

No Pref _____ Thurs _____

Mon _____ Fri _____

Tue _____ Sat _____

Wed _____ Sun _____

Position applied for _____

Desired salary (be specific) _____

How many hours can you work weekly? _____

Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to start work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

If yes, 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. _____

APPLICATION FOR EMPLOYMENT (CONT'D)

DO YOU HAVE A DRIVER'S LICENSE? YES NO

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Expiration date _____

Operator Commercial (CDL) Chauffeur

Have you had any accidents during the past three years? YES NO How many? _____

Have you had any moving violations during the past three years? YES NO How many? _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone (_____) _____

Telephone (_____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

APPLICATION FOR EMPLOYMENT (CONT'D)

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? YES NO

Specialty _____ Date entered _____ Discharge date _____

WORK EXPERIENCE

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

Name of employer _____
 Address _____
 City, State, Zip Code _____
 Telephone (_____) _____

Name of last supervisor	Employment dates	Pay or Salary
	From To	Start Final
Your last job title		

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____
 Address _____
 City, State, Zip Code _____
 Telephone (_____) _____

Name of last supervisor	Employment dates	Pay or Salary
	From To	Start Final
Your last job title		

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

APPLICATION FOR EMPLOYMENT (CONT'D)

WORK EXPERIENCE

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

Name of employer _____

Address _____

City, State, Zip Code _____

Telephone (_____) _____

Name of last supervisor	Employment dates	Pay or Salary
	From To	Start Final
Your last job title		

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____

Address _____

City, State, Zip Code _____

Telephone (_____) _____

Name of last supervisor	Employment dates	Pay or Salary
	From To	Start Final
Your last job title		

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

DID YOU COMPLETE THIS APPLICATION YOURSELF? YES NO

If not, who did? _____

APPLICATION FORM WAIVER

PLEASE READ CAREFULLY

In exchange for the consideration of my job application by Tram HCI, LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Tram HCI, LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President or stated Officer of the Company. Both the undersigned and Tram HCI, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures, and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment at the discretion of the Company; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of the job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the Company may request from the consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. The Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature of applicant _____

Date _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender/sex, sexual orientation, national origin, citizenship, age, military status, disability or any other category or classification protected under federal, state, and local law. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

PLEASE READ CAREFULLY

I hereby authorize Tram HCI, LLC and IRB, an Agent for Tram HCI, LLC, to investigate my background to determine any and all information of concern to my record, whether same is record or not, and I release all employers and persons named in my application from all liability for any damages on account of his/her/its furnishing said information. I understand that this form constitutes notification to me of an intent to conduct a background investigation concerning me. I understand that the purpose of this background investigation is to determine my suitability for employment and may elicit information on my character, general reputation, personal characteristics, and mode of living. Additionally, IRB is hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records, and credit history through an investigative or credit agency or bureau of its choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this initial report only.

I hereby acknowledge that I have read the above statements and understand the same.

Signature of applicant _____

Date _____