

Application for Employment

**DDD MOTEL CORPORATION
MANKATO ADAMS STREET INVESTMENTS, INC.**

Applicant Name _____

Position Applied For _____

Date _____

Please select one or more of the hotels you are interested in seeking employment at:

_____ **Best Western Hotel**, 1111 Range Street, North Mankato, MN 56003 (507-625-9333)

_____ **Mankato City Center Hotel**, 101 East Main Street, Mankato, MN 56001 (507-345-1234)
(formerly known as the Holiday Inn Civic Center)

_____ **Holiday Inn Express & Suites**, 2051 Adams Street, Mankato, MN 56001 (507-388-1880)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

No question or request for information in this application form is asked for the purpose of limiting or excluding any applicant's consideration because of race, color, sex, national origin, age, marital status, religion, or status with regard to public assistance, disability, handicap, or conviction of a felony.

Thank you for your interest in employment.

GENERAL INFORMATION (print)

Last Name	First Name	Middle	Telephone #
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Street Address	City	State	Zip Code
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Best time to call you _____

Are you at least 18 years of age? Yes No

Have you been convicted of a felony? Yes No

If Yes Explain

(Disclosure of a criminal record does not automatically disqualify an applicant from employment consideration. Each case is judged on its own merits, based on job-relatedness, nature, severity of the conviction and how long ago it occurred. "Convicted" includes a finding of guilt by a judge and a plea of guilty or "no contest".)

JOB RELATED

Have you ever worked at any of our hotels listed on the front page of the application? Yes No

If Yes: Name of Hotel _____ From _____ To _____

Name of Hotel _____ From _____ To _____

List the names and relationship of relatives currently employed at any of the hotels listed on the front page of the application **that you are seeking employment at.**

Date available to start work _____ Number of hours of work desired per week _____

Are you applying for: Full-time only Part-time only Full or part-time

What shifts can you work? Days Evenings Nights

What hours are you available to work?

Monday _____ to _____ Tuesday _____ to _____

Wednesday _____ to _____ Thursday _____ to _____

Friday _____ to _____ Saturday _____ to _____

Sunday _____ to _____

Will you work on call if necessary? Yes No

Will you work other shifts in an emergency? Yes No

Will you work weekends and holidays? Yes No

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything that would interfere with your regular attendance and punctuality if you are offered a job with the company? Yes No If yes, please explain below.

EDUCATION & PROFESSIONAL

(Provide name, city and state of each school attended)

High School _____
Highest Grade Completed 9 10 11 12 Did You Graduate? ___Yes ___No

Trade School _____
How Many Years Attended? ____ Major _____ Did You Graduate? ___Yes ___No

College _____
How Many Years Attended? ____ Major _____ Did You Graduate? ___Yes ___No

List below any special skills, professional licenses, professional training, or certifications **that you feel would be useful for us to know about in evaluating your possibilities for employment.**

List below professional and other organizations to which you belong, other than religious, social or political, **that you feel would be useful for us to know about in evaluating your possibilities for employment.**

EMPLOYMENT RECORD (List most recent position first)

(1) Date of Hire _____ Date of Termination _____
Name of employer _____ City/State/Zip _____
Phone # _____ Your Position _____ Supervisor's Name _____
Ending Rate of Pay _____ Describe work performed _____

Reason for leaving _____
May we contact this present/previous employer? ___Yes ___No

(2) Date of Hire _____ Date of Termination _____
Name of employer _____ City/State/Zip _____
Phone # _____ Your Position _____ Supervisor's Name _____
Ending Rate of Pay _____ Describe work performed _____

Reason for leaving _____
May we contact this present/previous employer? ___Yes ___No

(3) Date of Hire _____ Date of Termination _____
Name of employer _____ City/State/Zip _____
Phone # _____ Your Position _____ Supervisor's Name _____
Ending Rate of Pay _____ Describe work performed _____

Reason for leaving _____
May we contact this present/previous employer? ___Yes ___No

EMPLOYMENT RECORD (continued)

(4) Date of Hire _____ Date of Termination _____
Name of employer _____ City/State/Zip _____
Phone # _____ Your Position _____ Supervisor's Name _____
Ending Rate of Pay _____ Describe work performed _____

Reason for leaving _____
May we contact this present/previous employer? ___ Yes ___ No

REFERENCES (do not include relatives)

Name	Address	Phone	Occupation

PLEASE READ CAREFULLY AND SIGN BELOW:

I understand that any omission or misrepresentation of information provided by me on this application may result in termination of employment if I am subsequently hired. I hereby authorize a representative of DDD Motel Corporation and/or Mankato Adams Street Investments, Inc. to contact any and all former employers, schools, references, and any other organizations named on this application concerning any relevant information that may be required to determine my suitability for employment. If necessary for employment, I understand that I may be required to supply proof of authorization to work in the US and that I may be required to have a physical examination and/or a drug test.

I understand that if an offer of employment is made to me I will be required to sign a Background Check Release Form and a criminal background check will be done. I further understand that the offer of employment may be withdrawn if the result of the criminal background check is not considered by the company to be suitable for the position that I was offered.

I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term and may be terminated at any time, with or without cause and without prior notice at the option of either myself or the Company. Additionally, I understand that this application will be actively considered for a period of twelve months following the date of application.

I hereby acknowledge that I have read and understand the above and hereby certify that the facts I have provided in my employment application are true and complete.

Applicant Signature

Date