



Team Member Application
(Please Print Clearly)

Position Applied For _____ Date of Application _____

Personal Data

Last Name First Name Middle Name

Address Number Street City State Zip

Home: () Work: () Other:

Telephone Numbers

PLEASE CIRCLE:

What type of position are you applying for? Full Time Part Time

Date available for work: _________

Are you over 16 years of age? Yes No

Do you meet the legal age requirements in this state to serve/handle Alcoholic beverages? Yes No

Are you lawfully eligible to be employed in this country? (Proof of citizenship or immigration status will be required upon employment) Yes No

Have you ever had any job-related training in the United States Military: If yes, give dates: _____ Yes No

Have you ever been convicted of a felony? If yes, please give date: _________, and Nature of conviction: _____ Yes No

Have you ever filed an application with this company before? If yes, please give date: _________ Yes No

Have you ever been employed with this company before? If yes, please give date: _________ Yes No

Do you have any relatives employed by Noble Investment Group? Yes No

Are you currently employed? Yes No

How did you learn about the company? (circle one)

- Advertisement Friend Walk-In Current Employee
Urban League Employment Security Commission Other:



What days and hours are you available for work?

___ Days ___ Evenings ___ Overnight ___ Weekends ___ Holidays

If there are specific times when you cannot work, please specify: _____

EDUCATION

	Elementary School	High School	Technical School	College	Other
School Name and Location					
Years Completed	1-8	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma/Degree		Yes No	Yes No	Yes No	Yes No
Major Course(s) of Study					

<p>Summarize special skills and training not listed above:</p>
<p>Describe honors received:</p>

<p>List professional, trade, business, or civil activities and offices held. You may exclude memberships which may reveal sex, race, religion, national origin, age, or Disability or other protected status:</p> <hr/> <hr/> <hr/>
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Team Member Experience

Start with your present or most recent employer first:

Company Name _____ Dates Employed: From: _____ To: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____
 Position Held: _____ Salary History- Start: _____ End: _____
Full Time Part Time Temporary (circle one)
 Supervisor Name: _____ Supervisor Title: _____
 Reason for Leaving: _____ May we contact: Yes No

Company Name _____ Dates Employed: From: _____ To: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____
 Position Held: _____ Salary History- Start: _____ End: _____
Full Time Part Time Temporary (circle one)
 Supervisor Name: _____ Supervisor Title: _____
 Reason for Leaving: _____ May we contact: Yes No

Company Name _____ Dates Employed: From: _____ To: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____
 Position Held: _____ Salary History- Start: _____ End: _____
Full Time Part Time Temporary (circle one)
 Supervisor Name: _____ Supervisor Title: _____
 Reason for Leaving: _____ May we contact: Yes No

If you need any additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Below, please summarize special job-related and qualifications acquired from employment or other experience.



Are you able to perform the requirements of the job? Yes No

If no, are there reasonable accommodations that can be made to allow you to perform the essential functions of the job?

State any additional information that you feel may be helpful to us in considering your application:

Professional References

(Please list three professional references below. These can be co-workers or supervisors from previous jobs or people who have known you for a considerable amount of time, that are not related to you.)

Name	Company and Title	Business Telephone	Home Telephone

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written documentation in writing by any authorized executive of this organization, except the President and Chief Operating Officer.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Applicant signature _____ Date _____



CONFIDENTIAL AFFIRMATIVE ACTION INFORMATION

Winston Plaza Hotel is required by federal law to submit statistical data on all applications for employment as part of the company's affirmative action program. We, therefore, ask that you provide the information requested below. Please be aware that you are not obligated to complete this form if you choose not to do so and that any information you do provide will be treated confidentially.

All questions appearing on this form will be used by the company for statistical purposes only. This form will be separated from the application form and will not have any effect on any hiring decision. If you are hired, it will not appear in your personnel file.

It is the policy of Winston Plaza Hotel to provide equal employment opportunity to all applicants for employment. Further, it is company policy not to discriminate in the recruitment, hiring, compensation, promotion, transfer, training, down-grading, termination, lay-off or recall of any person based upon race, religion, creed, color, national origin, age, sex, marital status, veteran status or the presence of a non-job related disability as required by law.

Please check the appropriate boxes, complete the requested entries, sign and date this form. Please do not detach this form from the application form. Your cooperation is appreciated.

Applicant Name: _____ Date of Birth: _____ Sex: ___Female ___Male

With which ethnic group do you most closely identify (check one):

- White** (not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa, and the Middle East.
- Black** (not of Hispanic origin). All persons having origins in any of the black racial groups.
- Asian or Pacific Islander**. All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. Includes people from Bangladesh, Bhutan, China, India, Japan, Korea, Nepal, Pakistan, the Philippine Islands, Samoa, Sikkim, and Sri Lanka.
- American Indian or Alaska Native**. All persons having origins in any of the original peoples of North America or who meet one of the following criteria: (A) Members of any recognized Indian tribe now under federal jurisdiction; (B) Descendants of such members who were, on June 1, 1934, residing within the present boundaries of any Indian reservation; (C) All others of one-half or more Indian blood or (D) Eskimos and other aboriginal people of Alaska.
- Hispanic**. All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.

Please check one or more boxes, if you qualify:

- Special Disabled Veteran**. A veteran who (A) is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for disability (i) rated at 30 percent or more (ii) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious Employment handicap or (B) a person who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran**. A person who (A) served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (i) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed (I) in the Republic of Vietnam Between February 28, 1961, and May 7, 1975; or (ii) between August 5, 1964, and May 7, 1975, in all other cases.
- Other Eligible Veteran**. Veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

Please check if you qualify:

- Disabled**. A person who (A) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (B) has a record of such impairment, or (C) is regarded as having such impairment.

Applicant Signature

Date