



APPLICATION FOR EMPLOYMENT

WASHINGTON DUKE INN & GOLF CLUB

3001 Cameron Boulevard • Durham, North Carolina 27706
www.washingtondukeinn.com

Date _____

Position Applied For _____	<input type="checkbox"/> Full Time	Wage Expected: _____
Date You Can Start to Work _____	<input type="checkbox"/> Part Time	Days/Hours Available _____

How did you hear of employment opportunities at the Washington Duke Inn & Golf Club?

Newspaper _____ University or School Employment Security Commission Agency Referral

Poster Friend or Family Walk-In Other _____

PERSONAL

NAME		TELEPHONE (HOME)		(OTHER)
PRESENT ADDRESS				
STREET		CITY	STATE	ZIP
PREVIOUS ADDRESS				
STREET		CITY	STATE	ZIP
EMAIL	MILITARY SERVICE BRANCH (U.S.)	HIGHEST RANK	DATES OF SERVICE	
Have you EVER been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you EVER been convicted of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain and give dates _____				
In case of emergency, notify: Name _____				
Phone Number _____		Address _____		
Have you worked for this hotel before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes when? _____ What position? _____				
If the position for which you have applied required a valid driver's license, can you provide one? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If hired, do you have a reliable means of transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, employment is subject to verification that you are of minimum legal age.)				
List any friends or relatives working for us: _____				

CITIZENSHIP

Can you, after employment, submit a birth certificate, or other proof of U.S. Citizenship, or documents verifying your right to work in the United States? Yes No

EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS	MAJOR COURSES	DEGREE	GRADUATION
High School				Did you receive a Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Grade Average _____	
College				Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Grade Average _____	Date _____
Business or Trade School				Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Grade Average _____	Date _____

Use this space for any special qualifications and skills (i.e. skills with construction or office equipment, certifications, etc.) or additional information that you feel would help us to evaluate your application.

EMPLOYMENT HISTORY

(LIST LAST POSITION FIRST)

1. EMPLOYER	DATES	POSITION & DUTIES	REASON FOR LEAVING
Name _____	From _____		
Address _____	To _____		
Phone _____	Starting Salary _____		
Supervisor _____	Ending Salary _____		

2. EMPLOYER	DATES	POSITION & DUTIES	REASON FOR LEAVING
Name _____	From _____		
Address _____	To _____		
Phone _____	Starting Salary _____		
Supervisor _____	Ending Salary _____		

3. EMPLOYER	DATES	POSITION & DUTIES	REASON FOR LEAVING
Name _____	From _____		
Address _____	To _____		
Phone _____	Starting Salary _____		
Supervisor _____	Ending Salary _____		

4. EMPLOYER	DATES	POSITION & DUTIES	REASON FOR LEAVING
Name _____	From _____		
Address _____	To _____		
Phone _____	Starting Salary _____		
Supervisor _____	Ending Salary _____		

HAVE YOU EVER BEEN FIRED (OR ASKED TO RESIGN) BY AN EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, SUPPLY DETAILS _____

PERSONAL REFERENCES

NAME	ADDRESS	PHONE NUMBER

PLEASE READ CAREFULLY

I acknowledge that, in connection with my application for employment, promotion or assignment with Washington Duke Inn & Golf Club, I have been advised in writing that an investigative consumer report may be made as to my character, general reputation, personal characteristics and mode of living. I further acknowledge that I have been advised in writing by Washington Duke Inn & Golf Club that, upon written request, within a reasonable time, additional information as to the nature and scope of the report, if one is made, will be provided. This written request should be addressed to HR where the application is filed.

I hereby authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for the position applied for and release the same from any liability resulting from providing such information. I also acknowledge that, from time to time, Washington Duke Inn & Golf Club may be required to submit certain information with regard to my employment or application to various State and Federal Government agencies. I hereby authorize Washington Duke Inn & Golf Club to provide such information, and release the Company, its agents, assigns and subsidiaries from any liability resulting from submitting such information.

I acknowledge that I meet minimum age requirements for employment set by Federal and State laws.

I hereby certify that all the statements and answers set forth on this application from are complete and true, and I understand that if, subsequent to employment, any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment.

I acknowledge Washington Duke Inn & Golf Club is an equal opportunity employer and my application will be considered based upon my qualifications only.

Signature of Applicant _____ Date _____

ACKNOWLEDGEMENT & CONSENT AGREEMENT

Please read carefully, initial each paragraph, and sign below.

_____ (initial) I certify that the statements I have made on this application are true and correct. I understand that any misrepresentations made on this application will be sufficient cause for denial of employment or discharge. I understand that nothing contained on this application, or the granting of an interview, is intended to be a contract of employment. I also understand that employment with the Washington Duke Inn & Golf Club is "at-will" and that either of us may terminate the relationship at any time, for any reason, with or without cause. I certify that if employed by the Washington Duke Inn & Golf Club, I will abide by all company rules and regulations.

_____ (initial) I authorize Washington Duke Inn & Golf Club to investigate my background to determine my suitability for employment and to use any information lawfully obtained for any employment-related purpose permitted by law. These investigations may include checking with schools and employers I have identified, reviewing criminal conviction and driving records, credit checks and any other relevant information about me. I release and wave any claims I may have against any of the schools, former employers and other person or entities for any loss or injury I may sustain because of any disclosure made related to this application.

_____ (initial) I understand the Washington Duke Inn & Golf Club verifies social security numbers for all new hires effective April 2006.

_____ (initial) I hereby agree to allow the Washington Duke Inn & Golf Club or it's designated facility to collect urine, blood or oral swab samples from me to determine the presences or drugs or alcohol in my body and I give my consent to the release of my test results to authorized hotel management for appropriate review.

I understand that positive results will remove me from consideration of employment for one year. I also understand that refusal to consent as directed, I will be removed from further consideration of employment.

Further, I understand that if employed by the Washington Duke Inn & Golf Club, I must abide by the terms of their Substance Abuse Policy and may be required to submit to testing for the presence of alcohol or drugs for reasons stated in the Substance Abuse Policy. I understand that submission to such testing is a condition of employment with the Washington Duke Inn & Golf Club and that disciplinary action, up to and including discharge may result for violating said policy.

APPLICANT'S SIGNATURE: _____ DATE: _____

**Every section above must be completed.
Applications that are not complete and signed will not be considered.**

CHECK HERE ONLY IF YOU ARE UNDER 18 YEAR OLD _____

EL RECONOCIMIENTO & CONSIENTE de ACUERDO

Lea por favor con cuidado, inicial cada párrafo, y firmar abajo.

_____ (inicial) Certifico que las declaraciones que he hecho en esta aplicación son verdad y correcto. Entiendo que cualquier tergiversación hecha en esta aplicación será la causa suficiente para la negación del empleo o la descarga. Entiendo que nada contenido en esta aplicación se piensa ser un contrato del empleo. Entiendo también que el empleo con el Washington Duke Inn & Golf Club es "at-will" y que cualquiera de nosotros podemos terminar la relación en tiempo, para cualquier razón, con o sin la causa. xertifico que si empleado por el Washington Duke Inn & Golf Club, yo respetaré todas reglas de la compañía y regulaciones.

_____ (inicial) Autorizo al Washington Duke Inn & Golf Club para investigar mi fondo para determinar mi oportunidad para el empleo y para utilizar cualquier información lícitamente obtenido para cualquier propósito empleo-relacionado permitido por la ley. Estas investigaciones pueden incluir verificar con las escuelas y los empleadores que he identificado, revisando la convicción criminales y registros de manejar y cualquier otra información pertinente acerca de mí. Libero y ondeo cualquiera reclama que puedo tener contra cualquiera de las escuelas, empleadores anteriores y otra persona o entidades para cualquier pérdida o la herida que puedo sostener a causa de cualquier revelación hecha relacionada a esta aplicación.

_____ (inicial) Entiendo que el Washington Duke Inn & Golf Club verifica los numeros de seguro social con el Departamento de Seguro Social para todos nuevos empleados efectivo Abril 2006.

_____ (inicial) Yo por la presente concuerdo en permitir que el Washington Duke Inn & Golf Club o se designa la facilidad a reunir la orina, la sangre o algodón oral prueban de mí determinar las presencias o las drogas o el alcohol en mi cuerpo y yo doy mi consentimiento a la liberación de mis resultados de la prueba a la administración autorizada del hotel para la revisión apropiada.

Entiendo que los resultados positivos me quitarán de consideración del empleo por un año. Entiendo también que esa negativa para consentir como dirigido, seré quitado de la consideración adicional del empleo.

Aún más, entiendo que si empleado por el Washington Duke & Golf Club, yo debo respetar los términos de su Política del Abuso de Sustancia y se puede requerir a someterse a probar para la presencia de alcohol o drogas para razones indicadas en la Política del Abuso de Sustancia. Entiendo que esa sumisión a tal probar es una condición del empleo con el Washington Duke & Golf Club y esa acción disciplinaria, hasta e inclusive la descarga puede resultar para violar dijo la política.

FIRMA: _____ FECHA: _____

Cada sección encima de debe ser completado. Las aplicaciones que no son completas y firmados no será considerado.

VERIFIQUE AQUI SOLO SI USTED ESTA BAJO DE 18 ANOS DE EDAD _____