APPLICATION FOR EMPLOYMENT

IMPORTANT NOTICE: If you need assistance in completing this Application, please consult someone in the Human Resources Department. Applicants should be extremely careful as they complete this Application. Trust Hospitality (the "Company") utilizes a sophisticated and detailed background and pre-employment investigation process. This process



frequently discloses inaccurate, false, and/or incomplete or omitted information. Should this process determine any inaccurate or incomplete information, it could result in you either being disqualified from employment with the Company as an applicant, or termination if the inaccuracies are discovered subsequent to your employment with the Company. Accordingly, the Company strongly suggests that you NOT complete this Application until you have the time and accurate information to do so. The Company is an equal opportunity employer and will not discriminate against any employee or applicant for employment in any manner prohibited by law. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, disability, citizenship, sexual orientation or any other legally protected status.

Positio	on Applying For:			Salary Expected:						
			PERSONAL							
LAST	LAST NAME FIRST MIDDLE		MIDDLE		SOCIAL SECURITY NUMBER					
STREE	ET ADDRESS	<u> </u>	APT.#		HOME TELEPHO	ONE NO.				
CITY		STATE	ZIP CODE		BUSINESS TELE	PHONE NO. – EMAIL A	ADDRESS			
			<u> </u>							
Wher	n are you available to start?	☐ Ir	mmediate	wo wee	ks from offer	☐ Other				
Do Y	ou Want To Work:	□ F		art Time	•					
Are tl	here any Days/Time you are u	nable to work?	sp ′es	pecify day	ys and hours	□No				
	ou Work Overtime?	((indicate days/times)			— □ No				
	did you learn of Trust Hospital	Y		I/Employ	voo □ Polativ		eternet 🗆 Other			
	•		Job Fall Filend	/Employ	/ee		itemet 🔲 Other			
Are y	ou at least 18 years of age:	☐ Yes ☐ No								
ľ	you previously worked for Tru	. , ,] Yes	☐ No If "YE	ES", when?				
	ou legally authorized to work in			Yes	□ No					
	you ever been convicted of a									
or any criminal offense involving dishonesty or breach of trust? Yes No If Yes, please state your age at the time of the offense, type of offense, remoteness of the offense and time, disposition of the offense and any rehabilitation in the lines provided below										
Conviction of a crime will not necessarily be a bar to employment. The above factors will be taken into account in determining the effect of suitability for employment. Please provide date of conviction and the date of charge.										
Suitai	onity for employment. I lease p	Tovide date of conviction and	Tille date of charge	.						
			EDUCATION							
	N/	AME AND LOCATION	COURSE OF	I	YEARS	DID YOU	DEGREE OR			
	SCHOOL LEVEL EGE OR	OF SCHOOL	STUDY	CO	OMPLETED	GRADUATE	CERTIFICATE			
UNIVERSITY										
BUSINESS, TRADE OR TECHNICAL										
HIGH	SCHOOL									
LIS	T ANY ADDITIONAL SKILLS						THER RELEVANT			
	QUALIFICA	ATIONS APPLICABLE TO T	THE POSITION FO	OK WHIC	CH YOU ARE A	APPLYING				
WHIC	CH LANGUAGES OTHER THAN E	NGLISH DO YOU SPEAK FLUI	ENTLY?							
	YOU ABLE TO PERFORM THE E			1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DE ADDI VING M	/ITH OD WITHOLIT I	DEASONABLE			
		No If no describe the function			NE AFFEIING W	MITTOR WITHOUT	REAGONABLE			
			EMPLOYMENT							
	start with your present or last job. Include any job-related military service assignments and volunteer activities.(Attach additional sheet of paper if necessary) Employer									
1. Employer			From T			Description of Duties	5			
Address										
Telephone Numbers			Hourly Rate / Sala	ary						
	loh Titlo	I. Cupardaar	Starting Final	al						
	Job Title	Supervisor								
	Reason For Leaving		May We Contact?	No						
1				NO						

EMPLOYMENT continued from previous side										
2.	Employer		Dates Employed From To			Description of Duties				
	Address		TIOIII	10		Description of Daties				
	Telephone Numbers			Hourly Ra Starting	te / Salary Final					
	Job Title	Supervisor								
	Reason For Leaving	<u> </u>		May We Co	ntact?					
3.	Employer			Dates En From	nployed To		Description of Duties			
0.	Address						Joseph J. Jane			
Telephone Numbers				te / Salary						
	Job Title	Supervisor	•	Starting	Final					
	Reason For Leaving			May We Co						
				☐ Yes	☐ No					
4.	Employer .			Dates En From	nployed To		Description of Duties			
	Address									
	Telephone Numbers			Hourly Ra Starting	te / Salary Final					
	Job Title	Supervisor	ſ							
	Reason For Leaving	•		May We ☐ Yes	Contact?					
				FERENCE						
	ame and telephone number of throid or personal references that are no			are not relat	ed to you an	are not pre	evious supervisors. If not applicable, list three			
	NAME	TELEPHONE NUMBER				YEARS KNOWN				
			()							
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(()							
		ELATIVES				HOSPITAL	LITY OR ITS AFFILIATES			
(NAI			`	LATIONSH						
(NAN	ME) ICANT STATEMENT:		(REI	LATIONSH	IP)					
misle false name it is any i rules supp defin notic any compunde any a agree serviempl I autil a corin th	ading statements whatsoever. or misleading statements or a sed above to give any information their records, unless I have on formation that may be given a regulations and policies and lemented any time and without ite period of time and may, ree, and without liability to me for offer of employment, or my account of the result of the foregoing the rement contrary to the foregoing cafter accepting employment with no responsibility to morize the Company to obtain materials. As a consequence, I	I agree the nswers or not regardinotherwise by them in dacknow prior notice gardless or wages or ceptance on the Comany specifies. I agree that I is under the company driver's certain do understant	at the Company shall omissions made by g my employment, to indicated. I agree to consideration for y eledge that these ruce to me. I understant the date of payment of an employment oplication and any other than the ied period of time or eto give the Company other than the company or any of its stanticense record. I understant to verify the dath any offer of	Il not be her me in this ogether with orelease frour considered and agrent of my was may har ffer, if such as the authorized to assure my two were my two wear fff. I understand their identity is employment.	Id liable in application hany inform om liability ering me for tions and ee that my eages and s we been earn is to occur nts which I Human Reany benefit eks prior no ay supply to stand that, according and U.S. citent would be	ny respect I authoriz ation that the Compan employme employment lary, be tel ed at the d r, may be w may receive sources Re or terms a tice of resi o any pros driving is r ag to federa zen status e continge	if my employment is terminated because of the previous employers, schools, or personal they may have regarding me, whether or not any and all individuals and/or institutions, for the property of the propert			
SIGN	ATURE OF APPLICANT					DATE				