



EMPLOYMENT APPLICATION

Drug Testing & Arbitration Agreement Notice to All Applicants

Super 8 promotes a drug-free work environment. If a job offer is extended to you, you may be required to submit to and pass a drug and/or alcohol test for the abuse of illegal substances prior to being hired. Additionally, a drug test may be required following a work-related injury and prior to finalizing a promotion, unless an exception applies in your state. Any employment with SUPER 8 may be conditioned upon your agreement to submit any claims or controversies arising out of your employment to arbitration pursuant to the SUPER 8 Dispute Resolution Agreement.

SUPER 8 hires only U. S. Citizens and lawfully authorized alien workers. Your name and social security number may be verified with the Social Security Administration. The law prohibits discrimination because of race, color, religion, sex, age, national origin, or a disability which may be reasonably accommodated.

THIS BOX FOR COMPANY USE ONLY

| |
|------------------|
| Date Hired |
| Position |
| Hourly Pay \$ |
| First Day Worked |

PERSONAL

| | |
|--|------------|
| DATE | HOME PHONE |
| LAST NAME | |
| FIRST | MIDDLE |
| STREET ADDRESS | |
| CITY | |
| STATE | ZIP CODE |
| Are you over 18 years of age? | |
| If hired can you provide proof of eligibility to work in the United States prior to your state date? | |
| Person to be contacted in case of any emergency: | |
| Name | Phone |

AVAILABILITY

| | | |
|--|-------|------|
| What led you to contact us for employment? | | |
| Date Available for Employment | | |
| Position Desired: | | |
| Total hours available per week | | |
| Hours Available | | |
| Mon. | Tues. | Wed. |
| Thurs. | Fri. | Sat. |
| Sun. | | |
| Are you seeking seasonal employment! | | |
| If hired is there anything that may prevent you from reporting to work each scheduled day on time? | | |

Education

| | |
|---------------------------------------|-----------------------|
| High School Name & Location | No. of Years attended |
| | Graduated? |
| College Name & Location | No. of Years attended |
| | Graduated? |
| Technical School Name & Location | No. of Years attended |
| | Graduated? |
| Are you currently enrolled in School? | |
| School Name and Location | Grade? |

Miscellaneous

| | |
|---|--------------------|
| Have you previously worked for any motels? If yes, Which one? | |
| Reason for leaving | |
| Location | Name of Supervisor |
| Do you have any family / relatives that work for any motels? | |
| Are you able to perform all the essential functions of the job for which you are applying with or without accommodation? | |
| If hired, do you agree to abide by the safety rules of the company? | |
| Have you ever been denied a driver's license, or had your license revoked or suspended? | |
| Have you been released from prison/jail as a result of a crime for which you were convicted (felony or misdemeanor) within the last 10 years? | |

Work History

Have you ever worked before? Begin with your most recent employer and account for your last two jobs or the last 7 years, whichever is shorter. If you worked under a different name, please indicate.

| | | |
|--------------------|--------------------|----------|
| 1. Employer's Name | | |
| Street Address | | |
| City | State | Zip Code |
| Phone | Date of employment | |
| Starting Salary | From | To |
| Position/Duties | Name of Supervisor | |
| Reason for Leaving | Present / Final | |

| | | |
|--------------------|--------------------|----------|
| 1. Employer's Name | | |
| Street Address | | |
| City | State | Zip Code |
| Phone | Date of employment | |
| Starting Salary | From | To |
| Position/Duties | Name of Supervisor | |
| Reason for Leaving | Present / Final | |

| | | |
|--------------------|--------------------|----------|
| 2. Employer's Name | | |
| Street Address | | |
| City | State | Zip Code |
| Phone | Date of employment | |
| Starting Salary | From | To |
| Position/Duties | Name of Supervisor | |
| Reason for Leaving | Present / Final | |

APPLICANT SIGNATURE

I certify that to the best of my knowledge and belief, the statements made by me in this application are correct and complete without omission of any kind. I understand that any false information I give when applying for employment, whether in this application or otherwise, will cause termination of my employment, regardless of when discovered. You are hereby authorized to investigate all the statements made in this application, except for any information about disability and medical conditions or treatment, which is prohibited by the American With Disabilities Act.

I further agree that I do not have an employment contract and that my employment can be terminated or modified with or without notice or cause at any time by the company or me.

APPLICANT SIGNATURE

| |
|------|
| Date |
|------|

When you return your application, please plan on spending approximately 30 minutes completing the application process.