

# EMPLOYMENT APPLICATION

SOPHISTICATED  
HOSPITALITY GROUP

*We are an equal opportunity employer. Race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age, disability, genetic information, or any other basis protected by statute are not factors in employment, promotion and compensation.*

## PERSONAL INFORMATION

Last Name:	First Name:	MI:
Social Security Number:	Ph#:	Over 18? Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address:	Apt/Suite/Unit #:	
City:	State:	Zip:
Do you have reliable transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorized to work in U.S.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who referred you to us? Agency:	Employee:	Ad: Other:
Have you been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:		
Cell Phone:	Email:	

## EMPLOYMENT INFORMATION

Have you applied for employment at SHG before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where? When?	
Have you ever been employed here with SHG before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes where? When?	
Position Desired:	Starting Salary Desired: <i>MUST BE ANSWERED</i>
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Available to start:
If yes, can we contact current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you on a layoff or leave from another company? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to travel? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, % of the time: 25 <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/>
Are you willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Which type of work you available for? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
List Applicable Skills:	

## EDUCATION

Name of School	Location	From: To:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Year	Degree

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List any certifications, credentials, or professional licenses held:

Are you planning to pursue other studies? Yes ☐ No ☐  
If yes, will you attend Day/Night? Where and what course of study?

## EMPLOYMENT HISTORY – Starting with present job. Include military experience

Company Name:		Street Address:	
City:		State:	Zip:
Ph #:	Job Title:	Supervisor:	
Dates Employed:		Reason for Leaving:	
Ending Salary: <small>MUST BE ANSWERED</small>		Specific Duties:	
Company Name:		Street Address:	
City:		State:	Zip:
Ph #:	Job Title:	Supervisor:	
Dates Employed:		Reason for Leaving:	
Ending Salary:		Specific Duties:	
Company Name:		Street Address:	
City:		State:	Zip:
Ph #:	Job Title:	Supervisor:	
Dates Employed:		Reason for Leaving:	
Ending Salary:		Specific Duties:	
Company Name:		Street Address:	
City:		State:	Zip:
Ph #:	Job Title:	Supervisor:	
Dates Employed:		Reason for Leaving:	
Ending Salary:		Specific Duties:	
Company Name:		Street Address:	
City:		State:	Zip:
Ph #:	Job Title:	Supervisor:	
Dates Employed:		Reason for Leaving:	
Ending Salary:		Specific Duties:	

- If you need additional space, please attach a separate sheet

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## PROFESSIONAL REFERENCES

Name & Title	Phone #	Business	Years Acquainted
1.			
2.			
3.			
In case of an emergency, please notify:		Ph#:	
Address:		City & State:	Zip
Employment Limitations – Can you perform the essential functions of the job with or without reasonable accommodations?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			

## PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application, unfavorably.

I authorize my previous employers, schools or persons named as references to give any information regarding employment or educational record. I agree that this company and my previous employers shall not be held liable in any respect if a job offer is not extended, is withdrawn or my employment is terminated because of false statements, omissions or answers made by me on this application. If I am employed with this company, I will comply with all rules and regulations as set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of list of approved documents, which have been supplied with this application.

I further understand and agree that employment with this company provides an “at will” relationship and is for no definite period and may, regardless of the date of payment or wages or salary, be terminated for any reason and at any time without previous notice.

This application will be kept on file for a period of 90 days and may be given to other departments within the company if a similar position becomes available.

I hereby acknowledge that I have read and understand the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# SOPHISTICATED



## HOSPITALITY GROUP

### **FCRA Disclosure and Acknowledgment**

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

#### **DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Sophisticated Hospitality Group (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your acknowledgment and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this disclosure and acknowledgment, to request disclosure of the nature and scope of any investigative consumer report.

The report will be generated by Universal Background Screening (7720 North 16th Street, Suite 200, Phoenix, AZ 85020, [www.universalbackground.com](http://www.universalbackground.com), 1-877-263-8033) or another outside organization. The scope of this disclosure and acknowledgment is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

#### **Acknowledgment**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Universal Background Screening, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original.

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Signature

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Date

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Full Name (First, Middle, Last)

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Social Security Number (SSN)

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Driver License Number and State

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Date of Birth (DOB)

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HOSPITALITY GROUP

## Request for Background Check Information

Social Security Number

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Date of Birth - used for identification purposes only

	+	—
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MONTH

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DATE

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YEAR

First Name	Middle Name	Last Name
Other Names Used (maiden name, AKA names, etc.)		

Current Residential Address		
City	State	Zip Code

List each CITY, STATE and ZIP CODE (if know) where you have lived during the past seven years.

City	State	Zip Code	From Date	To Date	
					[ ]
					[ ]
					[ ]
					[ ]
					[ ]

Driver's License Number	State of Issue
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