



Main Line (951) 346-4700

3637 Fifth Street, Riverside, CA 92501

Fax (951)346-4706

PLEASE PRINT CLEARLY

**TO BE COMPLETED BY APPLICANT**

FOR OFFICE USE ONLY EE# \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

*Please Answer All Question. Resumes Are Not A Substitute For A Completed Application.*

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO VETERAN STATUS UNIFORMED SERVICE MEMBER STATUS, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, PHYSICAL OR MENTAL DISABILITY, GENETIC INFORMATION OR ANY OTHER CATEGORY PROTECTED BY APPLICABLE FEDERAL, STATE, OR LOCAL LAWS.**

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

## PERSONAL INFORMATION

|   |       |            |  |                |
|---|-------|------------|--|----------------|
| LAST NAME   |       | FIRST NAME |  | MIDDLE INITIAL |
| CURRENT STREET ADDRESS (DO NOT LIST P.O. BOX)   |       |            | Home Phone   |                |
| CITY  | STATE | ZIP        | Alternate/Cellular Telephone                             |                |
| HOW LONG HAVE YOU LIVED THERE<br>Years      Months  |       |            | E-mail (optional)  |                |
| Are you 18 years of age or over?  |       |            | <input type="checkbox"/> YES <input type="checkbox"/> NO |                |
| If yes, can you produce the necessary work certificate at the time of employment?         |       |            | <input type="checkbox"/> YES <input type="checkbox"/> NO |                |
| Are you 21 years of age or over if applying for a position involving alcoholic beverages? |       |            | <input type="checkbox"/> YES <input type="checkbox"/> NO |                |

## EMPLOYMENT

|  |         |  |  |                              |          |  |
|--|---------|--|--|------------------------------|----------|--|
| POSITION APPLIED FOR   |         |  |  | DATE OF APPLICATION          |          |  |
| The following conditions may be required at some point in a job assignment. If required, would you be willing to work:   |         |  |  |                              |          |  |
| A. Shift Work  |         | <input type="checkbox"/> YES <input type="checkbox"/> NO |  | B. Rotational work schedule? |          | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| C. A schedule other than Monday thru Friday?   |         |  | <input type="checkbox"/> YES <input type="checkbox"/> NO | D. Overtime work?            |          | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Please indicate your availability below:(If you have open availability, please indicate open; if you have limited hours of availability, please indicate hours available; if you are not available at all on a certain day, please indicate N/A) |         |  |  |                              |          |  |
| MONDAY   | TUESDAY | WEDNESDAY  | THURSDAY   | FRIDAY                       | SATURDAY | SUNDAY   |
|  |         |  |  |                              |          |  |
| Have you ever been employed by the Raincross Hospitality Management Corporation?   |         |  |  |                              |          | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If yes, please give dates:   |         |  | Position(s):   |                              |          |  |
| How were you referred to our Company?  |         |  | Date on which you can start work if hired:               |                              |          |  |

## EDUCATION AND TRAINING

| Type of School            | Name and Address of School | Years Completed |   |   |   | Graduated |    | Type of Degree or Certificate | Major/Minor Field of Study |
|---------------------------|----------------------------|-----------------|---|---|---|-----------|----|-------------------------------|----------------------------|
|                           |                            | 1               | 2 | 3 | 4 | YES       | NO |                               |                            |
| High School               |                            | 1               | 2 | 3 | 4 | YES       | NO |                               |                            |
| College or University     |                            | 1               | 2 | 3 | 4 | YES       | NO |                               |                            |
| Technical or Trade School |                            | 1               | 2 | 3 | 4 | YES       | NO |                               |                            |
| Other                     |                            | 1               | 2 | 3 | 4 | YES       | NO |                               |                            |

Honors Received (if any):

LANGUAGES  
(List fluent only)

1.

READ  WRITE  SPEAK

2.

READ  WRITE  SPEAK

Relevant skills acquired during U.S. military service (if any):

## EMPLOYMENT HISTORY

Please list your job history for the past 10 years (or last 5 employers). (A resume may not be submitted in place of this Employment Application.) Start with your most recent or present employer. Include self-employment, seasonal/part-time jobs, and cooperative education assignments. Explain periods of non-employment below. (Add extra sheets if needed.)

| Employer Name and Address | Dates Employed<br>Month/Year | Position Title and Description of<br>Duties | Reason for Leaving                                       |
|---------------------------|------------------------------|---|--|
|                           | FROM                         | Position:                                   |  |
|                           | TO                           | Duties:                                     | May we contact this employer?                            |
| Phone                     | SUPERVISOR                   |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Employer Name and Address | Dates Employed<br>Month/Year | Position Title and Description of<br>Duties | Reason for Leaving                                       |
|---------------------------|------------------------------|---|--|
|                           | FROM                         | Position:                                   |  |
|                           | TO                           | Duties:                                     | May we contact this employer?                            |
| Phone                     | SUPERVISOR                   |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Employer Name and Address | Dates Employed<br>Month/Year | Position Title and Description of<br>Duties | Reason for Leaving                                       |
|---------------------------|------------------------------|---|--|
|                           | FROM                         | Position:                                   |  |
|                           | TO                           | Duties:                                     | May we contact this<br>employer?                         |
| Phone                     | SUPERVISOR                   |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Employer Name and Address | Dates Employed<br>Month/Year | Position Title and Description of<br>Duties | Reason for Leaving                                       |
|---------------------------|------------------------------|---|--|
|                           | FROM                         | Position:                                   |  |
|                           | TO                           | Duties:                                     | May we contact this<br>employer?                         |
| Phone                     | SUPERVISOR                   |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Employer Name and Address | Dates Employed<br>Month/Year | Position Title and Description of<br>Duties | Reason for Leaving                                       |
|---------------------------|------------------------------|---|--|
|                           | FROM                         | Position:                                   |  |
|                           | TO                           | Duties:                                     | May we contact this<br>employer?                         |
| Phone                     | SUPERVISOR                   |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Employer Name and Address | Dates Employed<br>Month/Year | Position Title and Description of<br>Duties | Reason for Leaving                                       |
|---------------------------|------------------------------|---|--|
|                           | FROM                         | Position:                                   |  |
|                           | TO                           | Duties:                                     | May we contact this<br>employer?                         |
| Phone                     | SUPERVISOR                   |   | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Have you ever been terminated or asked to resign from any job?  YES  NO If Yes, how many times? \_\_\_\_\_

Has your employment ever been terminated by mutual agreement?  YES  NO If Yes, how many times? \_\_\_\_\_

Have you ever been given the choice to resign rather than be terminated?  YES  NO If Yes, how many times? \_\_\_\_\_

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.



## PERSONAL AND PROFESSIONAL REFERENCES

| Name | Phone Number | Title/Relationship | How Long Known? |
|------|--------------|--------------------|-----------------|
|      |              |                    |                 |
|      |              |                    |                 |
|      |              |                    |                 |
|      |              |                    |                 |

## APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that Raincross Hospitality Management Corporation is a drug-free workplace and may require a pre-employment medical examination, drug and/or alcohol testing and/or a background check and that my employment is contingent upon these results, consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment by Raincross Hospitality Management Corporation, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of all Raincross Hospitality Management Corporation managed locations, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug test is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by Raincross Hospitality Management Corporation, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I certify that all the information on this application, my resume, or any supporting document I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

**RAINCROSS HOSPITALITY MANAGEMENT CORPORATION IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE, OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT (EXPRESSED OR IMPLIED) WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY HUMAN RECOUSES, THE PRESIDENT, OR THE VICE PRESIDENT OF THE COMPANY.**

**IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.**

I authorize Raincross Hospitality Management Corporation or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state, and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Raincross Hospitality Management Corporation or its duly authorized representatives pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Raincross Hospitality Management Corporation and its representatives for seeking information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold Raincross Hospitality Management Corporation harmless for providing such information.

If hired by Raincross Hospitality Management Corporation, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United State by this Company. I also understand Raincross Hospitality Management Corporation employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_